



April 12, 2010

COMPANY NAME _____ CONTACT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____ PHONE (____) _____

ATTENDEE INFORMATION:

Attendee #1: _____

Attendee #2: _____

Attendee #3: _____

REGISTRATION INFORMATION

Turn in at On-Site Registration with payment; **DO NOT FAX OR MAIL TO THE COUNCIL**

	WBCS Member	Non-Member		QTY		COST
<input type="checkbox"/> FULL Registration	\$200.00	\$250.00	x	_____	= \$	_____
<input type="checkbox"/> Power Breakfast & Showcase Only	\$125.00	\$150.00	x	_____	= \$	_____
<input type="checkbox"/> WBE Showcase Only	\$ 25.00	\$ 25.00	x	_____	= \$	_____
<input type="checkbox"/> Lunch Only	\$ 65.00	\$ 80.00	x	_____	= \$	_____
<input type="checkbox"/> Reception Only	\$ 65.00	\$ 80.00	x	_____	= \$	_____

GRAND TOTAL \$ _____

PAYMENT OPTIONS: (Due at registration check-in)

- Cash
- Check # _____
- Charge \$ _____ to my VISA/MasterCard/American Express (Discover **NOT** accepted)

ALL Credit Card Information Requested Below IS Required:

Cardholder Name: _____

Credit Card #: _____ Exp: _____ 3-Digit code: _____

Authorized Signature: _____