



# REGISTRATION FORM

Please print or type information below as you wish to have it appear on your conference badge. Please make copies for additional attendees.

**NAME OF ATTENDEE:** (please print)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Badge Name \_\_\_\_\_ Title \_\_\_\_\_

**BUILDING/ORGANIZATION INFORMATION:** (as you wish it to appear in the directory)

Facility Name \_\_\_\_\_ Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail address \_\_\_\_\_ Phone ( ) \_\_\_\_\_ ext. \_\_\_\_\_

**REGISTRATION INFORMATION:**

\_\_\_\_ Number of previous conferences you have attended Are you a first-time attendee? (Yes or No) \_\_\_\_  
Do you plan to participate in the team building activity on Wednesday afternoon? (Yes or No) \_\_\_\_  
Will you join us for the Opening Night Reception on Wednesday, June 6<sup>th</sup> (Yes or No) \_\_\_\_  
Will you join us for the Friday Evening Event on June 8<sup>th</sup> (Yes or No) \_\_\_\_  
Are you interested in exploring Vancouver on Sat, June 9<sup>th</sup> – Details TBD (Yes or No) \_\_\_\_

**REGISTRATION FEES:**

Early Registration: Registration @ \$499 (must be **received by March 31st**) \$ \_\_\_\_\_  
\_\_\_\_ Additional people from the same venue @ \$400 (limit of 10) \$ \_\_\_\_\_  
*Note: Registrations must be sent together. Each additional person must fill out the above information.*  
Registration @ \$599 (if received April 1<sup>st</sup> – May 31<sup>st</sup>) \$ \_\_\_\_\_  
On-Site Registration @ \$699 (any registration after May 31) \$ \_\_\_\_\_  
Vendor Registration @ \$999 (per person) \$ \_\_\_\_\_  
Single-Day Registration @ \$275 (Circle Day: Thursday or Friday) \$ \_\_\_\_\_  
Optional Guest Event Fee @ \$275 (guests only) \$ \_\_\_\_\_  
Student Registration Fee @ \$275 (must be able to verify student status) \$ \_\_\_\_\_

**\*\*Full payment must accompany this form.\*\*** TOTAL ENCLOSED \$ \_\_\_\_\_ USD

Card Type \_\_ Visa \_\_ MC \_\_ AMEX Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Verification # \_\_\_\_\_

Name on Card \_\_\_\_\_ Card Billing Address \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

Make checks payable to: Event & Arena Marketing Conference  
Mail forms with payment to: Event & Arena Marketing Conference, P.O. Box 170756, Boston, MA 02117  
*Note: FedEx and UPS do not overnight packages to PO Boxes. If you need to overnight a check, please contact Shelby.*

Cancellation Policy: Prior to May 1, cancellations will be fully refunded. After May 1, a \$100 administration fee will be withheld from all refunds.

For registration questions, please contact Shelby Thompson at [sthompson@eventarenamarketing.com](mailto:sthompson@eventarenamarketing.com).

