

Registration Form

Use one form per attendee (* Indicates Required Field)

Registration includes two breakfasts, snack/beverage breaks, two lunches, full access to the exhibit hall, all workshop and keynote sessions, all special events and demonstrations, and networking happy hours.

*Attendee Name: *Title:

*Company/Agency: Dept:

*Address:

*City, State and Zip Code:

*Phone Number: *Email Address:

Registration Fees: * Please check one

Academia/Students/Professors	<input type="checkbox"/> \$175
Government/NGO/Non-Profits	<input type="checkbox"/> \$245
Small Business (less than 100 employees)	<input type="checkbox"/> \$595
Large Business (100 or more employees)	<input type="checkbox"/> \$645

Discount Code: Amount of Discount: \$

Method of Payment: Company Check (payable to Neak Media LLC) Credit Card Government P.O.

Type of Credit Card (check one): Visa MasterCard Amex

Card Number: Exp. Date:

Name Printed on Card: Security Code: Billing Zip Code:

Signature (required): Date:

Cancellation Policy: You may designate a substitute in writing any time before the conference. Cancellation requests must be sent in writing (email or fax) and will be subject to a \$50 processing fee. No cancellations are accepted within 4 (four) weeks prior to the program start date.

PLEASE NOTE: No shows will be liable for the entire registration fee. In the rare occasion that an event is cancelled or postponed, please note our reimbursement is limited to paid tuition only. We have the right to refuse registration to any attendee at any time.

*I have read, and agree to the terms of the Cancellation Policy above

Please fax your complete form to (703) 666-9088, email it to sarethn@hsoutlook.com or mail the form with your payment to:

Neak Media LLC, 1081 East Putnam Ave, Unit 10, Riverside, CT 06878

Registrations are first pay, first serve. If you have any questions about registration/payment, please call 203-990-3131 or email us at sarethn@hsoutlook.com.

Produced by:

