

2016 REGISTRATION FORM

Please register by October 10th

COMPANY NAME		
ADDRESS		
CITY	STATE	ZIP
PHONE		

ATTENDEE	<input type="radio"/> MEMBER	<input type="radio"/> NON MEMBER	CONFERENCE FEE		
FIRST REGISTRANT			\$		
<input type="radio"/> YES, SIGN ME UP FOR 3 VENDOR APPOINTMENTS AND DISCOUNT MY CONFERENCE RATE \$50 SATURDAY, I WILL ATTEND ___ TRACK 1 (FINANCIAL) OR ___ TRACK 2 (SALES & MARKETING) SUNDAY, EVERYONE ATTENDS TRACK 3					
EMAIL (FIRST REGISTRANT)					
SPOUSE/GUEST NAME			\$		
SECOND REGISTRANT			\$		
SATURDAY, I WILL ATTEND ___ TRACK 1 (FINANCIAL) OR ___ TRACK 2 (SALES & MARKETING) SUNDAY, EVERYONE ATTENDS TRACK 3					
EMAIL (SECOND REGISTRANT)					
SPOUSE/GUEST NAME			\$		
COPY FORM AS NEEDED FOR MORE ATTENDEES			<table border="1"> <tr> <td>TOTAL DUE</td> <td>\$</td> </tr> </table>	TOTAL DUE	\$
TOTAL DUE	\$				

PICA MEMBER	CONFERENCE RATE
1ST REGISTRANT	\$265
2ND REGISTRANT <small>(FROM SAME COMPANY)</small>	\$206
SPOUSE/GUEST <small>(NOT ATTENDING THE MEETINGS)</small>	\$150

NON PICA MEMBER	
**CONFERENCE REGISTRANT	**\$509
FINANCIAL TRACK SATURDAY ONLY	\$265
**SPOUSE/GUEST <small>(NOT ATTENDING THE MEETINGS)</small>	**\$234

METHOD OF PAYMENT	<input type="checkbox"/> Check enclosed [make payable to PICA Fall Conference]
	<input type="checkbox"/> Credit Card [select one]: <input type="radio"/> VISA <input type="radio"/> MasterCard <input type="radio"/> Amex
Card Number: _____	Expiration Date: _____
NAME ON CARD	
BILLING ADDRESS	
PHONE NUMBER	
CONFIRMATION WILL BE SENT UPON RECEIPT OF PAYMENT INFORMATION Please email or fax registration form to Carrie Epps at: cjepps@picanet.org or (704) 357-1154	