

EXPO ATTENDEE REGISTRATION

COMPANY INFORMATION: Please print or type.

Key Contact _____ Phone _____

Company Name _____ Fax _____

Address _____

City _____ State _____ Zip _____

E-Mail _____ Web Site _____



Association Membership:

- PMCI HCA
 IPGA NONE

ALL EVENTS PASS - \$150 BEST VALUE!

Includes four workshop sessions, nine hours of trade show, reception, three meals and individual hospitality suites.

ONE DAY PASS - \$85

WEDNESDAY – *Includes two workshop sessions, 3-hours of trade show, reception, dinner and individual hospitality suites.*

THURSDAY – *Includes two workshop sessions, 6-hours of trade show, breakfast and lunch.*

EXPO FLOOR ONLY - \$10

Admittance to Expo floor only, come Wednesday or Thursday.

ATTENDEE NAME <small>Please check the appropriate box for each attendee.</small>	ALL-EVENT PASS	ONE-DAY PASS WEDNESDAY	*WEDNESDAY NETWORKING DINNER	ONE-DAY PASS THURSDAY	EXPO ONLY PASS	TOTAL
Example - John Smith	<input checked="" type="checkbox"/> \$150	<input type="checkbox"/> \$85	<input checked="" type="checkbox"/> \$0*	<input type="checkbox"/> \$85	<input type="checkbox"/> \$10	\$ 150
_____	<input type="checkbox"/> \$150	<input type="checkbox"/> \$85	<input type="checkbox"/> \$0*	<input type="checkbox"/> \$85	<input type="checkbox"/> \$10	\$ _____
_____	<input type="checkbox"/> \$150	<input type="checkbox"/> \$85	<input type="checkbox"/> \$0*	<input type="checkbox"/> \$85	<input type="checkbox"/> \$10	\$ _____
_____	<input type="checkbox"/> \$150	<input type="checkbox"/> \$85	<input type="checkbox"/> \$0*	<input type="checkbox"/> \$85	<input type="checkbox"/> \$10	\$ _____
_____	<input type="checkbox"/> \$150	<input type="checkbox"/> \$85	<input type="checkbox"/> \$0*	<input type="checkbox"/> \$85	<input type="checkbox"/> \$10	\$ _____
_____	<input type="checkbox"/> \$150	<input type="checkbox"/> \$85	<input type="checkbox"/> \$0*	<input type="checkbox"/> \$85	<input type="checkbox"/> \$10	\$ _____
_____	<input type="checkbox"/> \$150	<input type="checkbox"/> \$85	<input type="checkbox"/> \$0*	<input type="checkbox"/> \$85	<input type="checkbox"/> \$10	\$ _____

* This information is gathered for Iowa Marketers' Expo planning purposes only. Please check above if you will be attending this event.

..... **PAYMENT INFORMATION - PLEASE FILL OUT COMPLETELY**

PAYMENT OPTIONS

- Check Enclosed
 Charge My Credit Card:
 MasterCard
 VISA
 Am Express

Card Number _____ Exp Date: _____ Sec Code: _____

Signature _____ Date _____

Billing Address (If same as above write "SAME") _____

Cancellation Policy: *Written notice of cancellation for refund must be received in the Iowa Marketers' Expo office ten (10) days prior to the Expo. After that date, no refunds will be issued. A cancellation fee of 25% will be deducted from all refunds. Substitutions welcomed in advance.*



HEARTLAND CARWASH ASSOCIATION

MAIL FORM WITH PAYMENT

Iowa Marketers' Expo
10430 New York Ave, Suite F
Urbandale IA 50322

FAX FORM WITH PAYMENT

(515) 224-0502