

Please check the event for which you are registering:

- Sept. 24-25, 2009
San Francisco, CA
- Oct. 29-30, 2009
Philadelphia, PA
- Feb. 4-5, 2010
Fort Worth, TX

Registration is limited to the first 20 teams (of up to six individuals each) to provide a personalized, effective conference. Individual registrations will also be accepted.

Fee

\$2,500 for a team of six; an individual registration is \$800.

Organization Name _____
Address _____
City/State/ZIP Code _____
Phone _____ Fax _____
Contact Person _____
Title _____
E-mail _____

Participant Names

(Please give full names and titles as you would like them to appear on name tags.)

1. Name/Degree _____
Title _____
E-mail _____
2. Name/Degree _____
Title _____
E-mail _____
3. Name/Degree _____
Title _____
E-mail _____
4. Name/Degree _____
Title _____
E-mail _____
5. Name/Degree _____
Title _____
E-mail _____
6. Name/Degree _____
Title _____
E-mail _____

Payment

Visa MasterCard

Card Number _____ Exp. Date _____

Name on Credit Card _____

Signature _____

Check Enclosed. (Please make payable to The Credentials Experience.)

Please Bill.

Billing Address

Name _____

Address _____

City/State/ZIP Code _____

Mail Form to:

The Credentials Experience

222 S. Riverside Plaza

Suite 1850

Chicago, IL 60606

Fax Form to:

312/431-0414

Questions:

E-mail: info@thecredentialsexperience.com

312/784-5565

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