

## Attendee Registration Form

### Member Registration

\$295 until November 23, 2018  
\$395 until February 28, 2019  
\$495 after February 28, 2019

### General Registration

\$395 until November 23, 2018  
\$495 until February 25, 2019  
\$595 after February 28, 2019

Total Member Registrations \_\_\_\_\_

Total General Registrations \_\_\_\_\_

Grand Total Due

\$ \_\_\_\_\_

### Check Payments: *(payable to MarketScout)*

Mail to: MarketScout/Diahann Doyen  
12700 Park Central Drive, Suite 510 Dallas, TX 75251

### Credit Card Payments:

Return with form to [cipc@marketscout.com](mailto:cipc@marketscout.com)  
or fax at 972-934-4299

### Method of Payment

American Express

MasterCard

Visa

Check # \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date (MM/YY): \_\_\_\_\_ CVC #: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name on Card (Please Print): \_\_\_\_\_

Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

### Attendee Registration Information

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

Badge Name (if different from above): \_\_\_\_\_

Title/Position: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



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## Attendee Registration Form

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### Attendee Registration Information

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

Badge Name (if different from above): \_\_\_\_\_

Title/Position: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Attendee Registration Information

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

Badge Name (if different from above): \_\_\_\_\_

Title/Position: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Attendee Registration Information

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

Badge Name (if different from above): \_\_\_\_\_

Title/Position: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Attendee Registration Informationn *(Please duplicate form for additional registrations)*

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

Badge Name (if different from above): \_\_\_\_\_

Title/Position: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_