

2017 RPMDA CONVENTION ATTENDEE REGISTRATION FORM

COMPANY NAME : _____ CONVENTION CONTACT PERSON: _____

FAX: _____ EMAIL: _____

| Badge Name(s) PLEASE PRINT OR TYPE | Individual email address | Business registration (all sessions & meals) | First Conv. NEVER Attended RPMDA before \$225 | Social registration (non-employee spouses, guests: includes opening & closing speakers, meals, and exhibits) | One-day registration (includes all regular events and meals for that day) | Optional Wed. Pre-Convention tour of Atlanta Aquarium | Optional Thursday evening tour of JW Pepper facilities | ARE YOU ATTENDING Saturday night banquet (included with registration) | TOTAL |
|---------------------------------------|-----------------------------|--|---|--|---|--|---|---|-------|
| 1. | | <input type="checkbox"/> \$280 | <input type="checkbox"/> \$225 | <input type="checkbox"/> \$220 | <input type="checkbox"/> \$150 | <input type="checkbox"/> \$60 | <input type="checkbox"/> \$25 | <input type="checkbox"/> Yes | \$ |
| 2. | | <input type="checkbox"/> \$280 | <input type="checkbox"/> \$225 | <input type="checkbox"/> \$220 | <input type="checkbox"/> \$150 | <input type="checkbox"/> \$60 | <input type="checkbox"/> \$25 | <input type="checkbox"/> Yes | \$ |
| 3. | | <input type="checkbox"/> \$280 | <input type="checkbox"/> \$225 | <input type="checkbox"/> \$220 | <input type="checkbox"/> \$150 | <input type="checkbox"/> \$60 | <input type="checkbox"/> \$25 | <input type="checkbox"/> Yes | \$ |
| 4. | | <input type="checkbox"/> \$280 | <input type="checkbox"/> \$225 | <input type="checkbox"/> \$220 | <input type="checkbox"/> \$150 | <input type="checkbox"/> \$60 | <input type="checkbox"/> \$25 | <input type="checkbox"/> Yes | \$ |
| 5. | | <input type="checkbox"/> \$280 | <input type="checkbox"/> \$225 | <input type="checkbox"/> \$220 | <input type="checkbox"/> \$150 | <input type="checkbox"/> \$60 | <input type="checkbox"/> \$25 | <input type="checkbox"/> Yes | \$ |
| 6. | | <input type="checkbox"/> \$280 | <input type="checkbox"/> \$225 | <input type="checkbox"/> \$220 | <input type="checkbox"/> \$150 | <input type="checkbox"/> \$60 | <input type="checkbox"/> \$25 | <input type="checkbox"/> Yes | \$ |
| 7. | | <input type="checkbox"/> \$280 | <input type="checkbox"/> \$225 | <input type="checkbox"/> \$220 | <input type="checkbox"/> \$150 | <input type="checkbox"/> \$60 | <input type="checkbox"/> \$25 | <input type="checkbox"/> Yes | \$ |
| 8. | | <input type="checkbox"/> \$280 | <input type="checkbox"/> \$225 | <input type="checkbox"/> \$220 | <input type="checkbox"/> \$150 | <input type="checkbox"/> \$60 | <input type="checkbox"/> \$25 | <input type="checkbox"/> Yes | \$ |

SPECIAL DIET? Please check and list individual's name and needs on the back of this form, or a second page if faxing
 If registering for one day, please indicate date each individual will be attending: _____

TOTAL DUE \$ _____

Deadline to cancel registration and receive a refund less \$50 processing fee is Tuesday, April 4, 2017.

METHOD OF PAYMENT:

Check (U.S. funds) enclosed. Check # _____ MasterCard Visa AmEx

Please make check payable to RPMDA

Card # _____ Exp. Date _____ 3 or 4 digit Auth. Code _____

Print Name _____ Signature _____

Mail or fax this form with payment to:
RPMDA, 14070 Proton Rd. Suite 100, LB 9, Dallas, TX 75244
Fax 972/490-4219 (must include credit card number) or register online at www.printmusic.org