

2018 RPMDA CONVENTION ATTENDEE REGISTRATION FORM

COMPANY NAME : _____ CONVENTION CONTACT PERSON: _____

FAX: _____ EMAIL: _____

Badge Name(s) PLEASE PRINT OR TYPE	Individual email address	Business registrati on (all sessions & meals)	Early Bird Business registrati on <u>Until Feb 16</u> (all sessions & meals)	First Conv. NEVER Attended RPMDA before \$250	Social registration (non- employee spouses, guests: includes opening & closing speakers, meals, and exhibits)	Social registration <u>Early Bird until Feb 16</u> (non- employee spouses/gues: includes Opening/closi ng speakers, meals, and exhibits)	One-day registratio n (includes all regular events and meals for that day)	Optional Wed. Pre- Convention tour of Hal Leonard Warehouse FREE	Optional Thursday evening tour of Schmitt Music & Groth Music	ARE YOU ATTENDING Saturday night banquet (included with registration)	TOTAL
1.		<input type="checkbox"/> \$295	<input type="checkbox"/> \$275	<input type="checkbox"/> \$250	<input type="checkbox"/> \$235	<input type="checkbox"/> \$220	<input type="checkbox"/> \$165	<input type="checkbox"/> YES!	<input type="checkbox"/> \$25	<input type="checkbox"/> Yes	\$
2.		<input type="checkbox"/> \$295	<input type="checkbox"/> \$275	<input type="checkbox"/> \$250	<input type="checkbox"/> \$235	<input type="checkbox"/> \$220	<input type="checkbox"/> \$165	<input type="checkbox"/> YES!	<input type="checkbox"/> \$25	<input type="checkbox"/> Yes	\$
3.		<input type="checkbox"/> \$295	<input type="checkbox"/> \$275	<input type="checkbox"/> \$250	<input type="checkbox"/> \$235	<input type="checkbox"/> \$220	<input type="checkbox"/> \$165	<input type="checkbox"/> YES!	<input type="checkbox"/> \$25	<input type="checkbox"/> Yes	\$
4.		<input type="checkbox"/> \$295	<input type="checkbox"/> \$275	<input type="checkbox"/> \$250	<input type="checkbox"/> \$235	<input type="checkbox"/> \$220	<input type="checkbox"/> \$165	<input type="checkbox"/> YES!	<input type="checkbox"/> \$25	<input type="checkbox"/> Yes	\$
5.		<input type="checkbox"/> \$295	<input type="checkbox"/> \$275	<input type="checkbox"/> \$250	<input type="checkbox"/> \$235	<input type="checkbox"/> \$220	<input type="checkbox"/> \$165	<input type="checkbox"/> YES!	<input type="checkbox"/> \$25	<input type="checkbox"/> Yes	\$
6.		<input type="checkbox"/> \$295	<input type="checkbox"/> \$275	<input type="checkbox"/> \$250	<input type="checkbox"/> \$235	<input type="checkbox"/> \$220	<input type="checkbox"/> \$165	<input type="checkbox"/> YES!	<input type="checkbox"/> \$25	<input type="checkbox"/> Yes	\$
7.		<input type="checkbox"/> \$295	<input type="checkbox"/> \$275	<input type="checkbox"/> \$250	<input type="checkbox"/> \$235	<input type="checkbox"/> \$220	<input type="checkbox"/> \$165	<input type="checkbox"/> YES!	<input type="checkbox"/> \$25	<input type="checkbox"/> Yes	\$
8.		<input type="checkbox"/> \$295	<input type="checkbox"/> \$275	<input type="checkbox"/> \$225	<input type="checkbox"/> \$235	<input type="checkbox"/> \$220	<input type="checkbox"/> \$165	<input type="checkbox"/> YES!	<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 3, 2018.

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