

2008 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 and social events)	Social Reg. (for non-employee spouses and guests, includes opening & closing speakers, meals, social events and exhibit hall)	Wednesday sightseeing daytrip of Boston	Optional Thursday evening event hosted by Robert King Music Sales and Alphonse Leduc (no charge but RSVP required, seating is limited to first 150 people responding)	First Conv?	ARE YOU ATTENDING? Sat. Night Banquet (included with registration)	TOTAL
1.		<input type="checkbox"/> \$235	<input type="checkbox"/> \$160	<input type="checkbox"/> \$75	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	\$
2.		<input type="checkbox"/> \$235	<input type="checkbox"/> \$160	<input type="checkbox"/> \$75	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	\$
3.		<input type="checkbox"/> \$235	<input type="checkbox"/> \$160	<input type="checkbox"/> \$75	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	\$
4.		<input type="checkbox"/> \$235	<input type="checkbox"/> \$160	<input type="checkbox"/> \$75	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	\$
5.		<input type="checkbox"/> \$235	<input type="checkbox"/> \$160	<input type="checkbox"/> \$75	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	\$
6.		<input type="checkbox"/> \$235	<input type="checkbox"/> \$160	<input type="checkbox"/> \$75	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	\$
7.		<input type="checkbox"/> \$235	<input type="checkbox"/> \$160	<input type="checkbox"/> \$75	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	\$
8.		<input type="checkbox"/> \$235	<input type="checkbox"/> \$160	<input type="checkbox"/> \$75	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<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

TOTAL DUE \$ _____

EXHIBITORS MUST ALSO FILL OUT SEPARATE BOOTH CONTRACT

Deadline to cancel registration and receive a refund is Wednesday, April 9, 2008.

METHOD OF PAYMENT:

Check (U.S. funds) enclosed. Check # _____ MasterCard Visa AmEx (with mailed or faxed registrations only)

Card # _____ Exp. Date _____

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 (Visa and MC only online)