

Please check the event for which you are registering:

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 _____

Credit Card Payment

Visa MasterCard

Card Number _____ Exp. Date _____ Security Code _____

Name on Credit Card _____

Signature _____

Credit Card Billing Address

Name _____

Address _____

City/State/ZIP Code _____

Other Payment

- Check Enclosed. (Please make payable to **The Credentials Experience**.)
 Please Invoice (Please fill out the information below).

Send Invoice to:

Name _____

Company _____

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
312/784-5579