

Keeping It Real!

REAL DEALERS. REAL CHALLENGES. REAL SOLUTIONS.

Registration Form

Please make copies for each additional attendee.

<p>FIRST NAME/LAST NAME</p> <hr/> <p>NICKNAME FOR BADGE</p> <hr/> <p>COMPANY</p> <hr/> <p>ADDRESS</p> <hr/> <p>CITY/STATE/ZIP</p> <hr/> <p>PHONE</p> <hr/> <p>FAX</p> <hr/> <p>E-MAIL</p> <hr/> <p>SPOUSE/GUEST FIRST NAME/LAST NAME</p> <hr/> <p>EMERGENCY CONTACT NAME PHONE</p> <hr/>	<p>(Use separate form for each attendee.)</p> <p>Please mark one:</p> <p><input type="checkbox"/> Owner</p> <p><input type="checkbox"/> Manager</p> <p><input type="checkbox"/> Spouse/Guest</p> <p><input type="checkbox"/> Child over 12 (Must pay the guest registration fee.)</p> <p><input type="checkbox"/> Child under 12</p> <p style="padding-left: 20px;">Please list names of children under 12:</p> <p>_____</p> <p>_____</p> <p>General Information</p> <p>Will you be attending the Monte Carlo Night?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please list any special accessibility or dietary needs?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Registration Fees</p> <p>_____ \$250 IMDA Members</p> <p>_____ \$350 Non-IMDA Members</p> <p>_____ \$150 Spouses/Guests/Children over 12</p> <p>_____ TOTAL</p>	<p>METHOD OF PAYMENT Total \$ _____</p> <p><input type="checkbox"/> Check made payable to IMDA enclosed. Check #: _____</p> <p><input type="checkbox"/> Charge my: <input type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa</p> <hr/> <p>Account Number Exp. Date</p> <hr/> <p>Cardholder Name</p> <hr/> <p>Authorized Signature</p>



Fax or mail completed contract with payment to:
 IMDA
 400 Admiral Blvd
 Kansas City, MO 64106
 877.543.6203
 816.472.7765 (fax)
 www.imdaonline.org