

ISoft Data Systems Users' Conference

REGISTRATION FORM
ISoft Data Systems

ISoft Users' Conference Dallas, Texas June 10 - 12, 2015

- Please fully complete and fax to ISoft Data Systems at 402-435-7076. For assistance, please call 1-800-929-1829.
- Registration MUST be received by May 27, 2015.
- This Registration form is for the ISoft Users' Conference Attendance ONLY. You must make hotel arrangements.
- Hotel reservation information will be included with your formal invitation.
- You will also need to make your own car rental accomodations.

Please print clearly								
Company Name:								
Attendee Name(s):								
Preferred Mailing Address (No PO Bo	oxes):							
City:	State:		Zip:					
Phone: Business:		Home:						
Cell:		Fax:			_			
E-Mail Address:								
Preferred method of contact:	Phone	E-Mai	il	Fax				
TRAVEL ACCOMMODATIONS								
Arrival and Departure Dates :								
Shuttle services from Dallas-area Air Do you plan on renting car?	ports and events will be		e conference	2.				
Additional special requests (i.e. allergies, ambulatory, health, diet, etc.):								
Emergency Contact:		Phon	e:					



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State _____ Zip _____

Exp. Date _____

Three digit code _____

Number _____

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REGISTRATION PRICING SCHEDULE							
	Prices:	Number of Attendees:	Totals:				
Early Registration Full Conference DISCOUNT price (Must receive form & payment prior to May 10)	\$200	x	=				
Full Conference Program (for one Attendee)	\$225	x(1)	=				
- Per Additional Attendee	\$175	X	=				
1 day only conference attendance per person	\$150	x	=				
		Registration T	Registration Total =				
SPONSORSHIP OPPORTUNITIES							

Is your company interested in Sponsorship Opportunities for events during the Customer Meeting? Sponsorship **Registration Discount** \$300 \$50 Cocktail Co-Sponsorship **Bus Ride Sponsorship** \$500 \$75 **Reception Grand Sponsorship** \$750 \$100 Friend of the Family Dinner Co-Sponsorship \$1000+ \$125 Registration Total _____ + Sponsorship ____ - Sponsorship Discount ____ = Conference Total ____ **Credit Card Information** Name _____ You agree to the terms of your cardholder agreement. Address _____ Sign: Date: