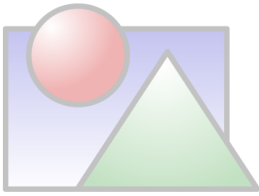


Please e-mail to:



Thank you.

# CDW-14 Registration Form

Date:

## Personal Information

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

e-mail \_\_\_\_\_

## Activities

6/30	7/1	72	7/3	Remarks
<input type="checkbox"/> Dinner	<input type="checkbox"/> Session	<input type="checkbox"/> Session	<input type="checkbox"/> Session	
	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Breakfast	
	<input type="checkbox"/> Lunch	<input type="checkbox"/> Lunch	<input type="checkbox"/> Lunch	
	<input type="checkbox"/> Dinner	<input type="checkbox"/> Banquet		

## Registration Fees

Participant: \$ 600

Spouse: \$ 190

## Lodging

☐ Single Room

☐ Double Room

Check-in Date \_\_\_\_\_

Check-out Date \_\_\_\_\_

## Total Payment in US\$

\_\_\_\_\_

Parking: \$9 per day not included in registration fee

## Payment Method

☐ Visa ☐ Will pay cash at on-site registration.

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

You may sign at on-site registration.