

Registration Form - Fees Below Honored Through 2/28 3/9. March 10th fees increase by \$25

Attendee Name _____
 Company _____ AZPPO Member Yes _____ No _____
 Company Address _____ City _____ State _____ Zip _____
 Email Address _____ Phone _____
 License Number _____

Additional Attendee(s) _____
(List additional names, license numbers, and days attending on the back of this form if needed)

All Inclusive—Includes 2-day registration (12 CEU), 1 entrance to March 27th Reverse Trade Show & March 27th Owner/Manager Reception, 1 entrance to March 2th Hospitality Dinner

AZPPO Members \$250 Each x _____ \$ _____
 Non-members \$265 Each x _____ \$ _____

If you are purchasing this package please indicate which events you will attend and add guests if needed

I will Attend 3-27 Owner/Manager Reception: Yes _____ No _____
 Add a guest _____ to the 3/27 reception (cost is \$50) \$ _____

I will Attend 3-28 Hospitality Dinner: Yes _____ No _____
 Add a guest _____ to the 3/28 dinner (cost is \$50) \$ _____

Education Only Both Days - 2-day registration March 28th-29th (12 CEU) for 1 person (cannot be split) Does not include entry into reception or dinner

AZPPO Members \$215 Each x _____ \$ _____
 Non-members \$230 Each x _____ \$ _____

Education Only March 28th— 6 CEU's Does not include entry into reception or dinner

AZPPO Members \$150 Each x _____ \$ _____
 Non-members \$165 Each x _____ \$ _____

Education Only March 29th 6 CEU's Does not include entry into reception or dinner

AZPPO Members \$150 Each x _____ \$ _____
 Non-members \$165 Each x _____ \$ _____

TOTAL \$ _____

THREE WAYS TO REGISTER:

~~1. Mail this form to:
 AZPPO
 Attn: Tracy Unmacht
 Capitol Consulting
 818 N 1st St
 Phoenix, AZ 85004~~

2. Fax to: 602-712-1252
 3. Online at azppo.org

Payment Information

- Our check is enclosed (payable to AzPPO)
- Please charge the total to my credit card:
- VISA MASTERCARD AMEX

Credit Card #: _____ Exp: _____

Sec Code: _____ Cardholder Name: _____

Cardholder Signature: _____