

Mail: DMA Registration & Housing Bureau
P.O. Box 27152
New York, NY 10087-7152

Fax: 330.963.0319
Email: dma07@experient-inc.com
For questions call: 1.800.293.7279 (U.S. callers) or 1.330.425.9330 (Int'l. callers)

DMA Customer ID # _____ Email _____

First Name _____ Last Name _____ MI. _____

Title _____ Company _____

Address _____

City _____ State/Province _____

Postal Code _____ Country _____

Phone _____ Fax _____

Not a DMA Member? Join now and your company can save \$500 per registrant. Call 212.768.7277, ext. 1155 for more information or to join!

CONFERENCE REGISTRATION PACKAGES	Regular 6/30 – 10/12	On-site Rates
Please select one of the following rates:		
DMA Member		
Pre-Conference, Conference & Exhibition, Post-Conference (Includes ECHO Gala)	<input type="checkbox"/> \$1,799	<input type="checkbox"/> \$1,999
Pre-Conference, Conference & Exhibition (Includes ECHO Gala)	<input type="checkbox"/> \$1,599	<input type="checkbox"/> \$1,799
Post-Conference, Conference & Exhibition (Includes ECHO Gala)	<input type="checkbox"/> \$1,599	<input type="checkbox"/> \$1,799
Conference & Exhibition Only (Includes ECHO Gala)	<input type="checkbox"/> \$1,399	<input type="checkbox"/> \$1,599
Pre-Conference Only*	<input type="checkbox"/> \$ 599	<input type="checkbox"/> \$ 799
Post-Conference Only*	<input type="checkbox"/> \$ 599	<input type="checkbox"/> \$ 799
Nonprofit Day*	<input type="checkbox"/> \$ 699	<input type="checkbox"/> \$ 699
Exhibit Hall Only (All 3 Days & Monday General Session)*	<input type="checkbox"/> \$ 250	<input type="checkbox"/> \$ 250
Non-Member		
Pre-Conference, Conference & Exhibition, Post-Conference (Includes ECHO Gala)	<input type="checkbox"/> \$2,299	<input type="checkbox"/> \$2,499
Pre-Conference, Conference & Exhibition (Includes ECHO Gala)	<input type="checkbox"/> \$2,099	<input type="checkbox"/> \$2,299
Post-Conference, Conference & Exhibition (Includes ECHO Gala)	<input type="checkbox"/> \$2,099	<input type="checkbox"/> \$2,299
Conference & Exhibition Only (Includes ECHO Gala)	<input type="checkbox"/> \$1,899	<input type="checkbox"/> \$2,099
Pre-Conference Only*	<input type="checkbox"/> \$ 699	<input type="checkbox"/> \$ 899
Post-Conference Only*	<input type="checkbox"/> \$ 699	<input type="checkbox"/> \$ 899
Nonprofit Day*	<input type="checkbox"/> \$ 699	<input type="checkbox"/> \$ 699
Exhibit Hall Only (All 3 Days & Monday General Session)*	<input type="checkbox"/> \$ 250	<input type="checkbox"/> \$ 250
EXCLUSIVE Courses en Español* (includes Pre-Conference, Conference, and Exhibition)	<input type="checkbox"/> \$1,499	<input type="checkbox"/> \$1,499
*ECHO Gala not included in registration. Do you plan to attend the ECHO Gala?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Special Event Options:		
ECHO Gala (if not included in registration)	Tue 6:30 P.M.	<input type="checkbox"/> \$ 250
Search Engine and Email Marketing Councils Networking Reception	Sat 5:00 P.M.	<input type="checkbox"/> \$ 65
Direct Marketing Agency Council Brunch & Open Meeting	Sun 8:30 A.M.	<input type="checkbox"/> \$ 65
Analytics Council Networking Reception	Sun 6:30 P.M.	<input type="checkbox"/> \$ 65
Teleservices Council Networking Reception	Sun 6:30 P.M.	<input type="checkbox"/> \$ 65
Financial Services Council Open Business Breakfast Meeting	Mon 7:30 A.M.	<input type="checkbox"/> \$ 45
Travel & Hospitality Council Educational and Networking Breakfast	Mon 7:30 A.M.	<input type="checkbox"/> \$ 45
International Council Networking Reception	Mon 6:00 P.M.	<input type="checkbox"/> \$ 45
Financial Services Council Networking Reception & Dinner	Mon 7:00 P.M.	<input type="checkbox"/> \$ 115
CRM Council Networking Breakfast	Tue 7:30 A.M.	<input type="checkbox"/> \$ 45
TOTAL (Conference Registration Fee and Special Events Fee) \$ _____		

CHOICE OF PAYMENT (Registration fees will be charged to your credit card upon receipt of your registration form.)

American Express MasterCard Visa Discover Card

Bank Transfer (Please attach copy) Check # _____ (Payable to DMA)

Credit Card Number _____

Expiration Date _____

Name of Cardholder (as it appears on card) _____

Company Name (as it appears on card) _____

Cardholder's Signature _____

DEMOGRAPHIC INFORMATION:

1. My job title is:

- President/CEO/Chairman (A1) Manager/Account Executive (A5)
 Sr. or Executive Vice President (A2) Educator/Professor/Teacher (A6)
 Vice President (A3) Staff (A7)
 Director (A4) Other (A8)

2. My primary job function is:

- Acct Management/Client SVS (B1) Government Affairs (B20)
 Advertising (B2) Human Resources/Training (B21)
 Analysis (B3) Information Technology (B22)
 Business Planning/Development (B4) Internet/Electronic Media (B23)
 Cataloger (B5) Legal (B24)
 Circulation (B6) List Management (B25)
 Communications/Public Relations (B7) Marketing (B26)
 Consultant/Freelancer (B8) Merchandising (B27)
 Copywriter/Editorial (B9) Operations/Facilities (B28)
 Creative Design (B10) Privacy (B30)
 Customer Service (B11) Product/Brand Management (B40)
 Database Marketing (B12) Production/Purchasing (B41)
 Direct Mail (B13) Project Management (B42)
 eCommerce (B14) Research (B43)
 Educational/Training (B15) Sales/Support (B44)
 Email (B16) Search Marketing (B48)
 Finance/Budget/Accounting (B17) Telecommunications (B45)
 Fulfillment/Warehouse (B18) Teleservices (B46)
 General Management (B19) Other (B47)

3. What is your company's projected marketing expenditure for the next 12 months?

- \$0 - \$99,999 (C1) \$1,000,000 - \$4,999,999 (C4)
 \$100,000 - \$499,999 (C2) \$5,000,000 - \$9,999,999 (C5)
 \$500,000 - \$999,999 (C3) \$10,000,000+ (C6)

4. What role do you play in the purchasing of marketing products and/or services?

- Final Say (D1) Specify (D2) Recommend (D3) No Role (D4)

5. What is the primary activity that best describes your firm?

- Agencies (E1) Financial Services (E5) Publishing (E9)
 Business-to-Business (E2) Internet (E6) Teleservices (E10)
 Catalog/Mail Order (E3) List/Database (E7) Other (E11)
 Consumer Products/SVS (E4) Nonprofit (E8)

6. In what capacity do you support the marketing process?

- As a supplier of marketing products and/or services
 As a user of marketing products and/or services

Check here if you have any special requests (which need to meet the Americans with Disabilities Act, dietary requirement, or otherwise). We will contact you.

Please do not include my name in Conference collateral.

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How to Reserve Your Hotel

For best availability, make your hotel reservation on or before September 14, 2007. After September 14, 2007, new reservations, changes, substitutions, and cancellations can be made by fax or email to the DMA Registration & Housing Bureau. Conference registration is required to obtain housing. We apologize for requesting your contact information a second time. Hotel registration is handled separately.

DMA Customer ID # _____

First Name _____ Last Name _____ MI. _____

Title _____

Company _____

Address _____

City _____ State/Province _____

Postal Code _____ Country _____

Phone _____ Fax _____

Email _____

Email addresses are required in order to send registration confirmations.

HOTEL INFORMATION: Arrival Date: ____ / ____ (MONTH/DAY) Departure Date: ____ / ____ (MONTH/DAY)

Hotel Name	Address	Room Rate* Single/Double
The Allerton Hotel Chicago	701 N. Michigan Avenue	\$219/\$219
Chicago Hilton and Towers	720 South Michigan Avenue	\$245/\$265
Conrad Chicago	521 N. Rush Street	\$309/\$309
The Drake Hotel Chicago	140 East Walten Place	\$275/\$275
Fairmont Chicago	200 N. Columbus Drive	\$299/\$299
Holiday Inn Mart Plaza	350 North Orleans Street	\$249/\$249
Hyatt Regency Chicago	151 E. Wacker Drive	\$259/\$269
James Hotel Chicago	55 E. Ontario	\$309/\$309
Palmer House Hilton	17 East Monroe Street	\$245/\$265
Sheraton Chicago Hotel and Towers	301 E. North Water Street	\$268/\$288
W Hotel Chicago City Center	172 West Adams Street	\$369/\$369
W Hotel Chicago Lakeshore	644 N. Lake Shore Drive	\$369/\$369
Westin Michigan Avenue	909 North Michigan Avenue	\$389/\$389

*Triple, Quad, and Suite room rates available on request. †Rates include a subsidy to offset shuttle expenses.

<p>Room Type:</p> <p><input type="checkbox"/> Single — 1 Bed/1 Person</p> <p><input type="checkbox"/> Double — 1 Bed/2 Persons</p> <p><input type="checkbox"/> Double-Double — 2 Beds/2-4 Persons</p> <p><input type="checkbox"/> Handicap Accessible</p> <p><input type="checkbox"/> Smoking</p> <p><input type="checkbox"/> Suite (Please contact me)</p> <p><input type="checkbox"/> Check here if you have any special requests (which need to meet the American with Disabilities Act, dietary requirement, or otherwise). We will contact you.</p> <p>Other _____</p> <p>Note: Room type and special requests based on availability at check-in.</p>	<p>Select Hotels</p> <p>Please list in order of preference. LIST HOTEL'S ENTIRE NAME.</p> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p> <p>4 _____</p> <p>5 _____</p> <p>Hotel selection importance: <input type="checkbox"/> Rate <input type="checkbox"/> Location</p> <p>Note: DMA Housing Bureau reserves the right to assign first available hotel based on preference of rate or location.</p>	<p>Other Roommates (Four people MAXIMUM per room):</p> <p>In addition to occupant above</p> <p>Roommate #1 _____</p> <p>Roommate #2 _____</p> <p>Roommate #3 _____</p> <p>Rates include subsidy to offset shuttle expenses. All rooms are subject to applicable taxes and fees. Hotel tax rates are subject to change without notice.</p>
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PLEASE GUARANTEE MY RESERVATION WITH: Visa MasterCard American Express Discover Card

Credit Card Number _____ Expiration Date _____

Name of Cardholder (Please Print) _____

Company Name (as it appears on card) _____

Cardholder's Signature _____

Failure to provide a deposit will prevent your request from being processed. DMA reserves the right to cancel your room in the event that you are not registered for the Conference.