CDI0107

The 14th Annual DMA Directo Days Conference

April 10-11, 2007
New York, NY

REGISTRATION FORM

Please print clearly or attach a business card.

REGISTRATION INFORMATION

(Mr./Ms./Other) First Name: Last Name:

Title:

Company:

Address:

City/State/ZIP:

Telephone: ( ) Fax: ( ) E-Mail:

*If membership is under a different company name, please indicate the company name:*_____
Membership will be verified by The DMA.

	After 3/16/07
❑ DMA Directo Council For Hispanic Marketing Member -	$1099
❑ DMA Member -	$1199
❑ Non DMA Member -	$1399

PAYMENT OF REGISTRATION FEE -- Please check choice of payment. (Make checks payable to *DMA Councils).*
Full payment is required. The DMA will not bill you. No refunds will be issued for on-site registrations.

☐ Check #_____

☐ American Express ☐ Discover ☐ MasterCard ☐ Visa ☐ JCB ☐ Cash $_____

Account number Expiration Date

Name (as it appears on card)

Cardholder's Signature

Company name (if corporate card)

FOR DMA USE ONLY: Credit Card Terminal #: Terminal Invoice #:

Amount Paid: $ Change Given: $

Today's Date: Processed by: