



Email Evolution Conference
February 12 – 13, 2008 | San Diego, CA

Key Code:

Please enter the **Key Code** found on your marketing promotion.

REGISTRATION FORM

4 WAYS TO REGISTER

- **Online:** www.emailevolution.org
- **Fax:** 212.302.7643
- **Phone:** 212.790.1500

- **Mail:** DMA Customer Service
 1120 Avenue of the Americas
 New York, NY 10036

For questions/inquiries, contact customer service at 212.790.1500 or via e-mail at customerservice@the-dma.org.

Please print clearly.

Name: _____ Title: _____
 Company: _____
 Address: _____ City/State/Zip: _____
 Telephone: () _____ Fax: () _____
 Email: _____

Full payment is required. All checks should be made payable to the Direct Marketing Association, Inc. The following credit cards are accepted: American Express, Discover, MasterCard, and Visa. DMA & Affiliate membership will be verified and charged accordingly.

	Early-Bird Rate: Register by 1/11/08	After 1/11/08	Onsite
Conference — 2/12-13			
eec/DMA Member	<input type="checkbox"/> \$1,095	<input type="checkbox"/> \$1,195	<input type="checkbox"/> \$1,395
Non-Member	<input type="checkbox"/> \$1,295	<input type="checkbox"/> \$1,395	<input type="checkbox"/> \$1,595
Conference & Workshop — 2/11-13**			
eec/DMA Member	<input type="checkbox"/> \$1,375	<input type="checkbox"/> \$1,495	<input type="checkbox"/> \$1,745
Non-Member	<input type="checkbox"/> \$1,625	<input type="checkbox"/> \$1,745	<input type="checkbox"/> \$1,995
Workshop Only — 2/11**			
eec/DMA Member	<input type="checkbox"/> \$375	<input type="checkbox"/> \$395	<input type="checkbox"/> \$445
Non-Member	<input type="checkbox"/> \$425	<input type="checkbox"/> \$445	<input type="checkbox"/> \$495

Please select the workshop you would like to attend:

Email Bootcamp

Email Compliance

Working with Agencies

Please check here if you will be attending the **Harbor Cruise**.

**** Please be advised that you will not be able to register for the pre-conference workshops onsite. Pre-registration is required.**

Payment Type: Visa MasterCard American Express Discover Card Check # _____
 Credit Card #: _____ Expiration: _____ Date: _____
 Amount Paid: \$ _____ Today's Date: _____ Cardholder's Signature: _____

Cancellation Policy:

If you must cancel a registration, please submit your request in writing by **February 1, 2008** to DMA Customer Service via fax at 212.302.7643, e-mail: customerservice@the-dma.org, or mail to: **DMA Customer Service** at the address above. Registrations canceled on or before **February 1, 2008** will be refunded 100%. Cancellations received **February 4 - 8, 2008** will receive account credit, minus a \$150 administrative fee. Cancellations received on or after **February 11, 2008** will not be refunded.

Special Needs:

Please check here if you have any special requests that meet the Americans with Disabilities Act, dietary requests, or other requirements. We will contact you.