

CONFERENCE REGISTRATION

Last Name _____ First Name _____ MI _____
 Title _____
 Company* _____
*Note: If DMA membership is under a different company name, write in both names on company line.
 Address 1 _____
 Address 2 _____
 City _____ State _____ Zip/Postal Code _____
 Country _____
 Country Code _____ City Code _____ Phone () _____ Fax () _____
 Email _____

Conference Registration Options:

Please Note: All Conference registrations include Grand Opening Reception on May 19. Onsite prices will be higher. Conference program and speakers are subject to change.

	By Mar 7	After Mar 7	Onsite
Full Conference + Post Conf Workshops - General (May 19-22)	<input type="radio"/> \$1,795	<input type="radio"/> \$1,895	<input type="radio"/> \$1,995
Full Conference + Post Conf Workshops - DMA Member (May 19-22)	<input type="radio"/> \$1,695	<input type="radio"/> \$1,795	<input type="radio"/> \$1,895
Full Conference - General (May 19-21)	<input type="radio"/> \$1,495	<input type="radio"/> \$1,595	<input type="radio"/> \$1,695
Full Conference - DMA Member (May 19-21)	<input type="radio"/> \$1,395	<input type="radio"/> \$1,495	<input type="radio"/> \$1,595
Two-Day Conference - General (May 20-21)	<input type="radio"/> \$1,295	<input type="radio"/> \$1,395	<input type="radio"/> \$1,495
Two-Day Conference - DMA Member (May 20-21)	<input type="radio"/> \$1,195	<input type="radio"/> \$1,295	<input type="radio"/> \$1,395
Intensive - General (May 19)	<input type="radio"/> \$645	<input type="radio"/> \$695	<input type="radio"/> \$795
Intensive - DMA Member (May 19)	<input type="radio"/> \$545	<input type="radio"/> \$595	<input type="radio"/> \$695
Senior Executive Summit (May 20)	<input type="radio"/> NA	<input type="radio"/> NA	<input type="radio"/> NA
<small>(Must be registered for Full Conference to participate. Open only to VP and higher titles. Show management reserves the right to deny registrations based on stated criteria.)</small>			
Exhibit Hall Only	<input type="radio"/> \$25	<input type="radio"/> \$25	<input type="radio"/> \$100
Special Event Options:			
Power Forum Brunch (May 19) Included w/ Full or Intensive	<input type="radio"/> \$75	<input type="radio"/> \$75	<input type="radio"/> \$95
Council Reception (May 19)	<input type="radio"/> \$55	<input type="radio"/> \$55	<input type="radio"/> \$55
Awards Luncheon (May 21) Included w/ Full or Two-Day	<input type="radio"/> \$95	<input type="radio"/> \$95	<input type="radio"/> \$125
DVD-ROM of Sessions	<input type="radio"/> \$199	<input type="radio"/> \$199	<input type="radio"/> \$199
TOTAL:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Payment: Please check choice of payment. Please include registrant's name on check. Full payment required for registration to be processed.

MasterCard Visa Amex Discover Check (make payable to ACCM 2008)
 Card Number _____ Exp. Date _____
 Name (as it appears on card) _____
 Company Name (if corporate card) _____
 Authorized Signature _____

If You Have to Cancel: Cancellations must be sent in writing to ACCM Registration by April 18, 2008 for a full refund minus \$100 processing fee. No refunds will be made after April 18, 2008. Please read the registration, housing and cancellation policies.

Your Profile: PLEASE ANSWER ALL QUESTIONS:

1. The audience I market to is: (check one)
 A) Consumer
 B) Business-to-Business
 C) Both
 D) I am a supplier or consultant

2. My title is: (check one)
 A) President (Owner, Partner, CEO)
 B) Vice President
 C) Director
 D) Manager
 E) Analyst
 F) Coordinator
 G) Other (please specify) _____

3. The channel I am primarily responsible for is: (check one)
 A) Catalog
 B) Ecommerce
 C) Retail
 D) Multichannel
 E) Other (please specify) _____

4. My primary job function is: (check one)
 A) Financial
 B) Marketing
 C) Merchandise
 D) Production/Design
 E) List Fulfillment
 F) Ecommerce/Web
 G) Fulfillment
 H) Systems (MIS,DP)
 I) Operations
 J) Distribution/Mailroom
 K) General Management
 L) Database Marketing
 M) Retail Management
 N) Other (please specify) _____

5. How many years have you been in the industry? (check one)
 A) Less than 1 year C) 6-10 years
 B) 1-5 years D) Over 10 years

6. How many people are employed full-time at your firm? (check one)
 A) Less than 50 D) 251-500
 B) 51-100 E) 500+
 C) 101-250

7. What role do you play in the purchase of products? (check one)
 A) Final say C) Recommend
 B) Specify D) No role

8. Have you attended ACCM in the past? (check one)
 A) Yes B) No

9. Please choose the Intensive you are most likely to attend:
 A) Business-to-Business
 B) Circulation
 C) Creative
 D) Email Marketing
 E) Merchandising
 F) Mergers & Acquisitions
(for senior executives only)
 G) Search Marketing
 H) Small & Start-up Multichannel Merchant
 I) Web Analytics & Conversion

10. Pre-registered attendees' names are published in an official show roster. (Deadline March 31) **If you do not wish to be included, check below.**
 Please do not publish my name in the show roster.

WWW Source Code

How to Register for the Conference

1. Send in your completed registration form, along with FULL PAYMENT. You can pay by credit card or company check (payable to ACCM 2008).

2. Register by March 7, 2008 to save \$100. Prices increase after March 7, 2008, and onsite prices will be higher. Conference registration fees include conference sessions, exhibits and conference meal functions.

International attendees:

International conference registrations must be paid in U.S. funds either by credit card or company check.

3. Watch your email or mail:

A conference registration confirmation will be sent to you.

4. If you have to cancel:

Requests for refunds must be made in writing and submitted via fax: 708.786.5568 or via email: accm@compusystems.com to ACCM Registration Bureau by April 18, 2008, for a full refund minus \$100 processing fee. Substitutions are always welcome in lieu of cancellations. No refunds will be made after April 18, 2008.

5. To transfer or change your registration:

Send a written request detailing the changes to the ACCM Registration Bureau by April 18, 2008. After this date, all changes will be handled onsite and must be submitted in writing.

Return your Registration Form to:

ACCM Registration Bureau

PO Box 27152

New York, NY 10087-7152

Phone: 866.513.0760 or 708.486.0760

Fax: 708.786.5568

Email: accm@compusystems.com

To Register Visit:
www.accm4me.com/savings

