

Key Code:



# REGISTRATION FORM

Mail or fax the completed registration form to:

**DMA Customer Service**  
1120 Avenue of the Americas  
New York, NY 10036-6700

Fax: 212.302.7643

Event Title: _____
Event Date: _____ Event Location: _____ Meeting #: _____

### Council Membership Options:

Name of Council(s): \_\_\_\_\_  
*Available to DMA members only*

Promotional Rate: \$ \_\_\_\_\_

**Registration Rates:**    DMA Member: \_\_\_\_\_    Non-Member: \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 \_\_\_\_\_

Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

**Form of Payment:**    Check Enclosed    AMEX    MasterCard    Discover Card    VISA

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder's Name (as it appears on card) \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

### Cancellation Policy:

If you cannot attend an event for which you are registered, please send a substitute. Substitutions are allowed at any time and no fees are imposed. If you must reschedule or cancel your registration, please visit each event Web site for the cancellation policy.

**Special Needs:**  Check here if you need special assistance to participate fully in the seminar.

- Please do not list me on the Seminar Roster.
- Please send me information on DMA Membership.
- Please send me a copy of the *DMA Events Catalog*.