

# SEMINAR 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**

<b>Event Title:</b> _____
Event Date: _____ Event Location: _____ Meeting #: _____

**Key Code:** \_\_\_\_\_

**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 must cancel, please submit cancellations in writing to DMA Customer Service Dept. Registrations canceled at least 5 days before the event will be refunded 100%. Cancellations received less than 5 days before the event will not be refunded. Rather, the remaining balance will be held on account for a future DMA event within 12 months of the cancellation.

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

Please send me information on DMA Membership.

Please send me a copy of the *DMA Events Catalog*.