

Key Code: _____



VIRTUAL 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

Event Title: _____
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 cancelled 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 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*.