

Key Code: _____



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 #: _____

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*.