



# REGISTRATION FORM

**Key Code:**

Please enter the **Key Code** found on your marketing promotion.

Mail or fax the completed registration form to:  
DMA Customer Service                      Fax: 212.302.7643  
1120 Avenue of the Americas  
New York, NY 10036

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: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

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

Form of Payment:     [A] American Express     [D] Discover     [V] VISA  
                                  [M] MasterCard             [C] Check # \_\_\_\_\_

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 Website 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