

Registration Form

Use one form per attendee (* Indicates Required Field)

Registration includes two breakfasts, snack/beverage breaks, two lunches, full access to the exhibit hall, all workshop and keynote sessions, and networking happy hour.

*Attendee Name:.....*Title:.....

*Company/Agency:.....Dept:.....

*Address:.....

*City, State and Zip Code:.....

*Phone Number:.....Fax Number:.....

*Email Address:.....

Registration Fees: * Please check one	Before or on August 21 st , 2015	On or after August 22 nd , 2015
Government/NGO/Non-Profits	<input type="checkbox"/> \$145	<input type="checkbox"/> \$170
Small Business (less than 100 employees)	<input type="checkbox"/> \$395	<input type="checkbox"/> \$445
Large Business (100 or more employees)	<input type="checkbox"/> \$445	<input type="checkbox"/> \$495

Discount Code:.....Amount of Discount: \$.....

Method of Payment: Company Check (payable to Neak Media LLC) Credit Card Government P.O.

Type of Credit Card (check one): Visa MasterCard Amex

Card Number:.....Exp. Date:.....

Name Printed on Card:.....Security Code:.....Billing Zip Code:.....

Signature (required):.....Date:.....

Cancellation Policy: You may designate a substitute in writing any time before the conference. Cancellation requests must be sent in writing (email or fax) and will be subject to a \$50 processing fee. No cancellations are accepted within 4 (four) weeks prior to the program start date.

PLEASE NOTE: No shows will be liable for the entire registration fee. In the rare occasion that an event is cancelled or postponed, please note our reimbursement is limited to paid tuition only. We have the right to refuse registration to any attendee at any time.

*I have read, and agree to the terms of the Cancellation Policy above

Please fax your complete form to (703) 666-9088, email it to sarethn@hsoutlook.com or mail the form with your payment to:

Neak Media LLC, 191 Post Road West, Westport, CT 06880

Registrations are first pay, first serve. If you have any questions about registration/payment, please call 203-221-2664 or email us at customerservice@hsoutlook.com.