CMUC 2010 Registration

Company Name: _____ **Registration Contact:** _____

Address: _____ **E-mail Address:** _____

City, State, Zip _____ **Phone Number:** _____

Credit Card Number & Expiration Date _____ **Fax Number:** _____

Name as it appears on Card _____

Singature of Card Holder _____

ZIP code for billing address of Credit Card _____

Fax your registration form to: 360.802.0277

E-mail to: wobrien@thoughtwarepeople.com

Formal Registration Confirmations will be e-mailed once payment has been received

				Pre-Conference Sessions April 28th					April 29-30 Main Conference	Total
				TIS 8a-5p	**MN 8a-5p**	**ASR 8a-5p**	***DBR + Licensed Users Forum 8a-12p***	***R + Licensed Users Forum 1p-5p***	1-2 $1,050.00 pp 3 more $950.00 pp $100.00 Discount if previous CMUC Attendee	
First Name	**Last Name**	**Position**	**E-mail Address (this is need to receive your schedule/confirmation)**	$350.00	$350.00	$450.00	N/C (please place an X to confirm Attendance)	N/C (please place an X to confirm Attendance)		
										0.00
										0.00
										0.00
										0.00
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										0.00
				0.00	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

For additional information go to www.thoughtwarepeople.com or contact our office at 800.496.4144