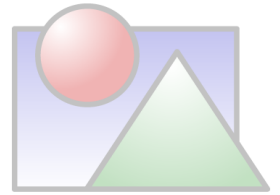


# Conference Registration



**Conference Name:** My Conference

**Conference Dates:** May 5-10, 2006

**Conference Location:** Las Vegas, NV

Any Company Inc.  
123 Any Ave  
Any Town, State  
Any Country  
Any ZIP/Postal Code  
Phone: 111-222-3333  
Fax: 111-222-4444  
www.example.com

## Attendee Information

<b>Name:</b>	
<b>Name (2):</b>	
<b>Name (3):</b>	
<b>Name (4):</b>	
<b>Company:</b>	
<b>Address:</b>	
<b>State/Province:</b>	
<b>Zip/Postal Code:</b>	
<b>Country:</b>	

<b>Main Contact:</b>	
<b>Email:</b>	
<b>Phone:</b>	

**Special Needs:**

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## Registration Fees

<b>Conference Fee:</b>	
x Number of Attendees:	
Subtotal:	
Total Due:	
<b>Payments must be received by:</b>	

## Payment

☐ **Check payable to:**

☐ **Credit Card**

☐ **American Express**

☐ **Mastercard**

☐ **Visa**

<b>Card Number:</b>	
<b>Expiration Date:</b>	
<b>Cardholder Name:</b>	

Data is not secure.