



# REGISTRATION FORM

Feel free to make copies of this form for additional attendees

<b>DOCUMENT SECURITY</b> <b>February 25, 2004</b>	
<b>Attendee Name:</b>	
<b>Title:</b>	
<b>Company/Agency:</b>	
<b>Address:</b>	
<b>City, State, and Zip Code:</b>	
<b>Telephone Number:</b>	<b>Fax Number:</b>
<b>E-mail Address:</b>	
E-mail Addresses of your contacts who should be forwarded an invitation to this conference:	

## REGISTRATION FEE:

**Industry: \$395**  
**Small Business (less than 100 employees): \$295**  
**Government: \$195**

<i>Method of Payment:</i>	
<input type="checkbox"/> Company Check ( <i>payable to Market*Access International</i> )	<input type="checkbox"/> Credit Card <input type="checkbox"/> Government P.O.
Type of Credit Card: <input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
Card Number: _____	Exp. Date: _____
Name Printed on Card: _____	
Signature (required): _____	

**CANCELLATION POLICY:** You may designate a substitute in writing any time before the conference. To cancel and obtain a full refund, please make sure we receive your notice in writing at least 5 business days prior to the conference start date. If you cancel in writing after that date, but before the course begins, you will receive a full refund, less a \$50 processing fee. No refunds are given for cancellations received the day the conference begins or later.

**Please fax this form, complete with payment information, to (703) 807-2728**  
**or mail it with your payment to:**  
**Market\*Access International, 4301 Wilson Blvd., Suite 1003, Arlington, VA 22203**

If you have questions about registration/payment, please call Maurice Martin at (703) 807-2753. Thank you!