The Violand Executive Summit

2018 Event Registration

Company: _____ Phone: _____

Mailing Address: _____

Annual Sales: ☐ under $1 MM ☐ $1-2.5MM ☐ $2.5-5MM ☐ $5-10MM ☐ $10MM+

(This data is used to develop an overall profile of our attendee companies. Your individual information is not shared with anyone!)

Attendee	#1	#2	#3	#4
First Name (For Certificate)				
First Name (For Badge)				
Last Name				
E-mail				
	@			
IICRC #				

Check the boxes below for each woman attending the half-day Women in Leadership program on Wed. June 14

☐ ☐ ☐ ☐

Program:

Fee Schedule	# People		Total
First person registered	_____	@ $ 1,195 =	$ _____
Additional attendees from your company	_____	@ $ 795 =	$ _____
Women in Leadership attendees *(identified by checked boxes above)*	_____	@ $ 199 =	$ _____
		Total $	_____

Payment Options:

☐ Option A: I will pay the total in full along with the registration.

☐ Option B: I will pay a deposit of $300 **per attendee** now and understand the remaining balance will be charged to my credit card or withdrawn from my checking/savings account on May 18, 2018.

Payment Method:

☐ Automatic withdrawal from: ☐ Checking ☐ Savings Amount of Withdrawal $ _____

Name on Account: _____ Bank Name: _____

Account #: _____ 9-digit Bank Routing #: _____

Signature: _____ Today's Date: _____

☐ Charge $ _____ to: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Name on Account: _____ Expiration Date: _____

Account #: _____ Security Code: _____

Signature: _____ Today's Date: _____

Address with zip code where your credit card statement is received. If same as above, check here ☐

_____

Cancellations: *Cancellations received **prior to May 18, 2018** will receive a refund of the amount paid. No refunds can be made on or after May 18.*

7026 Mears Gate Dr. NW • North Canton, OH 44720 • +1 800 360 3513 • Fax: 330 966 7211 • office@violand.com

VIOLAND MANAGEMENT ASSOCIATES