

ACCOUNTING: Post Office Box 50625 * Jacksonville Beach, FL 32240 * 904-404-7857
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Children of Aging Parents Conference Series Participant Registration – Indianapolis

Name _____

Business/Practice _____

Address _____

Contact Telephone _____ email _____

Conference commences at 5:30 pm and ends at 9:30 pm

Please reserve my participation at the following Conference date:

_____ **Indianapolis, Indiana, * September 25, 2018** * Sheraton Indianapolis Hotel at Keystone Crossing

I would like to participate as follows:

_____ **Speaker and Panel Participant** \$ 399.00 fee for each conference

25 minute speaker slot [with multi-media], Conference panel discussion, Table, tablecloth and chairs [electric and WIFI included], Profile article and separate ad in conference guide given to attendees, Names and contact information of conference attendee, DVD of your conference presentation, professionally edited for your own use, Exclusive representation at the conference for your category of business or practice

_____ **Trade Show Section** \$ 349.00 for each conference

Table, tablecloth and chairs [electric and WIFI included], Profile article in conference guide given to attendees, Names and contact information of conference attendee, DVD of you presenting your business at your table, professionally edited for your own use

Please mail this signed form and fee [payable to RJW] to the accounting address above or if payment by credit card please fill out the section below and scan and email this signed form to RJWeventproductions@mail.com or fax to 1-888-263-4440

Credit Card Authorization [We can also send a secure payment link upon request via email]

Please charge the credit card below ONE TIME ONLY in the amount of \$ _____

Card Number _____ Expiration Date _____

CVS [Security Code] _____ Zip Code Credit Card Bill Is Mailed To: _____

Authorized by: _____ Date _____