

Registration Senior Industry Networking Event – Cleveland 2024

Name of Business _____
Business Category _____
Address _____
Telephone _____ email _____
Name 1 _____
Name 2 _____
Name 3 _____
Name 4 _____

Please reserve my participation at the following date:

Cleveland * May 14, 2024 * Hyatt Regency Cleveland at the Arcade * 6 pm-10 pm

Event includes:

- Food and Beverages
- Cash bar
- Prize Giveaways
- Names and contact list of all event attendees

FEE : _____ Individual Attendee[s] @ \$59.00 per person = \$ _____

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 accounting@rjwcommunications.com or fax to 1-888-263-4440

Your registration confirmation for this event will confirmed immediately by email back to you. During regular business hours.

Debit or 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 _____