



**7th Annual International Conference  
& Business Expo  
June 7-10, 2007  
Dallas, Texas**



All amounts are in US Dollars

**PLEASE PRINT CLEARLY!**

**\$1,050.00**

**\$850.00** for active  
eWomenNetwork Member

Yes! I'd like to attend the private  
**VIP Reception** with the attending  
**Foundation Advisory Council**  
on **Friday, June 8**. Charge my card \$500  
now for the tax deductible donation to  
the eWomenNetwork Foundation.



Please note that all payments are nonrefundable.

**Please contact me about:**

- Being an exhibitor at the 2007 Conference.
- Purchasing an ad in the 2007 Conference Program Guide.
- Being a sponsor of the 2007 Conference.
- Donating a gift for the eWomenNetwork Foundation's 2007 Purse Power Silent Auction (min. \$150 value).



**Fax this form to 972-720-9995**  
if you are paying by credit card.

Payment by check must be mailed to:  
eWomenNetwork, Inc.  
14900 Landmark Blvd., Suite 540  
Dallas, TX 75254

Today's Date: \_\_\_\_\_

Managing Director/Chapter City: \_\_\_\_\_

Attendee's First Name: \_\_\_\_\_

Attendee's Last Name: \_\_\_\_\_

Attendee's eWN Member Sign-in Name: \_\_\_\_\_

Company Name (as it is to appear on your name tag): \_\_\_\_\_

Title: \_\_\_\_\_

Role:  Owner  Employee  Executive  Other: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Business phone: \_\_\_\_\_ Extension: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_

**Email:** \_\_\_\_\_

**Payment by Check:** Payment by check **must be for the full amount** and must be mailed with this form to eWomenNetwork, Inc., 14900 Landmark Blvd., Suite 540, Dallas, TX 75254.  
**Make check payable to eWomenNetwork, Inc.**

Check No. \_\_\_\_\_  Check is attached

**Credit Card Information:**  Visa  MasterCard  American Express  Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Billing address of credit card: (If same as above, write in "Same.") \_\_\_\_\_

Authorization Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please note that all payments are nonrefundable.**

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