

**Event :-Accelerated Networking - Luncheon**

|   |  |                 |                                   |
|---|--|-----------------|-----------------------------------|
| <b>Start Date</b>                         | 05/09/2019 11:30 AM  | <b>End Date</b> | 05/09/2019 01:30 PM               |
| <b>Chapter</b>                            | North Dallas/Plano,TX  |                 |                                   |
| <b>Location</b>                           | 1640 Hebron Parkway,Carrollton, Texas,United States75010   | <b>Topic</b>    | Accelerated Networking - Luncheon |
| <b>Display your products and services</b> | A limited number of display tables are available to showcase or sell your products and services. |                 |                                   |

| Select                   | Ticket Type                   | End Date   | Ticket Price |
|--------------------------|-------------------------------|------------|--------------|
| <input type="checkbox"/> | Event Fee - Member            | 05/06/2019 | 45.00 USD    |
| <input type="checkbox"/> | Event Fee - Guest             | 05/06/2019 | 55.00 USD    |
| <input type="checkbox"/> | Event Fee - Non-Member        | 05/06/2019 | 85.00 USD    |
| <input type="checkbox"/> | Exhibitor - Member            | 05/09/2019 | 65.00 USD    |
| <input type="checkbox"/> | Exhibitor - Guest             | 05/09/2019 | 75.00 USD    |
| <input type="checkbox"/> | Exhibitor - Non Member        | 05/09/2019 | 85.00 USD    |
| <input type="checkbox"/> | Event Fee - Late - Member     | 05/09/2019 | 55.00 USD    |
| <input type="checkbox"/> | Event Fee - Late - Guest      | 05/09/2019 | 65.00 USD    |
| <input type="checkbox"/> | Event Fee - Late - Non Member | 05/09/2019 | 105.00 USD   |
| <input type="checkbox"/> | Raffle                        | 05/09/2019 | 20.00 USD    |

Attendee: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: Street: \_\_\_\_\_ Street2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_ CVV: \_\_\_\_\_

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

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

\_\_\_\_\_  
 \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Today's Date Is: (REQUIRED) \_\_\_\_\_

For more information:972 322-5140 gensjohnson@ewomennetwork.com