



**Event :-Accelerated Networking - Luncheon**

<b>Start Date</b>	01/15/2020 11:30 AM	<b>End Date</b>	01/15/2020 01:30 PM
<b>Chapter</b>	Tampa,FL		
<b>Location</b>	204 N. West Shore Blvd,Tampa, Florida,United States33609	<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	01/12/2020	39.00 USD
<input type="checkbox"/>	Event Fee - Guest	01/12/2020	49.00 USD
<input type="checkbox"/>	Event Fee - Non-Member	01/12/2020	85.00 USD
<input type="checkbox"/>	Exhibitor - Member	01/15/2020	75.00 USD
<input type="checkbox"/>	Exhibitor - Guest	01/15/2020	85.00 USD
<input type="checkbox"/>	Exhibitor - Non Member	01/15/2020	95.00 USD
<input type="checkbox"/>	Event Fee - Late - Member	01/15/2020	49.00 USD
<input type="checkbox"/>	Event Fee - Late - Guest	01/15/2020	65.00 USD
<input type="checkbox"/>	Event Fee - Late - Non Member	01/15/2020	105.00 USD
<input type="checkbox"/>	Raffle	01/15/2020	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:404-242-5752 tracyquinn@ewomennetwork.com