

**Event :- The Power of Self-kindness**

<b>Start Date</b>	04/16/2020 11:30 AM	<b>End Date</b>	04/16/2020 01:30 PM
<b>Chapter</b>	Greater Burlington, VT		
<b>Location</b>		<b>Topic</b>	The Power of Self-kindness
<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	04/13/2020	25.00 USD
<input type="checkbox"/>	Event Fee - Guest	04/13/2020	30.00 USD
<input type="checkbox"/>	Event Fee - Non-Member	04/13/2020	50.00 USD
<input type="checkbox"/>	Exhibitor - Member	04/16/2020	35.00 USD
<input type="checkbox"/>	Exhibitor - Guest	04/16/2020	40.00 USD
<input type="checkbox"/>	Exhibitor - Non Member	04/16/2020	45.00 USD
<input type="checkbox"/>	Event Fee - Late - Member	04/16/2020	30.00 USD
<input type="checkbox"/>	Event Fee - Late - Guest	04/16/2020	40.00 USD
<input type="checkbox"/>	Event Fee - Late - Non Member	04/16/2020	60.00 USD
<input type="checkbox"/>	Raffle	04/16/2020	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: 651.315.4017 michellemcglade@ewomennetwork.com