

**Event :- Strategic Business Introductions**

|   |  |                 |                                  |
|---|--|-----------------|----------------------------------|
| <b>Start Date</b>                         | 11/04/2020 09:30 AM  | <b>End Date</b> | 11/04/2020 11:30 AM              |
| <b>Chapter</b>                            | Phoenix/Scottsdale, AZ   |                 |                                  |
| <b>Location</b>                           | 6803 East Main St, Scottsdale, Arizona, United States 85251                                      | <b>Topic</b>    | Strategic Business Introductions |
| <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            | 11/01/2020 | 50.00 USD    |
| <input type="checkbox"/> | Event Fee - Guest             | 11/01/2020 | 75.00 USD    |
| <input type="checkbox"/> | Event Fee - Non-Member        | 11/01/2020 | 85.00 USD    |
| <input type="checkbox"/> | Event Fee - Late - Member     | 11/04/2020 | 60.00 USD    |
| <input type="checkbox"/> | Event Fee - Late - Guest      | 11/04/2020 | 85.00 USD    |
| <input type="checkbox"/> | Event Fee - Late - Non Member | 11/04/2020 | 105.00 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: 480.215.1511 karenmillerwise@ewomennetwork.com