

**Event :- May LoriAnne Reeves**

<b>Start Date</b>	05/12/2020 11:30 AM	<b>End Date</b>	05/12/2020 01:30 PM
<b>Chapter</b>	Phoenix/Scottsdale, AZ		
<b>Location</b>	7421 N Scottsdale Rd., Scottsdale, Arizona, United States 85253	<b>Topic</b>	May LoriAnne Reeves
<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	05/09/2020	45.00 USD
<input type="checkbox"/>	Event Fee - Guest	05/09/2020	55.00 USD
<input type="checkbox"/>	Event Fee - Non-Member	05/09/2020	85.00 USD
<input type="checkbox"/>	Exhibitor - Member	05/12/2020	70.00 USD
<input type="checkbox"/>	Exhibitor - Guest	05/12/2020	80.00 USD
<input type="checkbox"/>	Exhibitor - Non Member	05/12/2020	90.00 USD
<input type="checkbox"/>	Event Fee - Late - Member	05/12/2020	65.00 USD
<input type="checkbox"/>	Event Fee - Late - Guest	05/12/2020	75.00 USD
<input type="checkbox"/>	Event Fee - Late - Non Member	05/12/2020	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