



Event :- December tbd

| | | | |
|---|--|-----------------|---------------------|
| Start Date | 12/08/2020 11:30 AM | End Date | 12/08/2020 01:30 PM |
| Chapter | Phoenix/Scottsdale, AZ | | |
| Location | 7421 N Scottsdale Rd., Scottsdale, Arizona, United States 85253 | Topic | December tbd |
| Display your products and services | 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 | 12/05/2020 | 45.00 USD |
| <input type="checkbox"/> | Event Fee - Guest | 12/05/2020 | 55.00 USD |
| <input type="checkbox"/> | Event Fee - Non-Member | 12/05/2020 | 85.00 USD |
| <input type="checkbox"/> | Exhibitor - Member | 12/08/2020 | 70.00 USD |
| <input type="checkbox"/> | Exhibitor - Guest | 12/08/2020 | 80.00 USD |
| <input type="checkbox"/> | Exhibitor - Non Member | 12/08/2020 | 90.00 USD |
| <input type="checkbox"/> | Event Fee - Late - Member | 12/08/2020 | 65.00 USD |
| <input type="checkbox"/> | Event Fee - Late - Guest | 12/08/2020 | 75.00 USD |
| <input type="checkbox"/> | Event Fee - Late - Non Member | 12/08/2020 | 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