



**Event :- Comparison - The Thief of Dreams, Hope and Joy**

<b>Start Date</b>	09/10/2020 11:00 AM	<b>End Date</b>	09/10/2020 01:00 PM
<b>Chapter</b>	Milwaukee, WI		
<b>Location</b>	16000 W Cleveland Ave, New Berlin, Wisconsin, United States 53151	<b>Topic</b>	Comparison - The Thief of Dreams, Hope and Joy
<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	09/07/2020	35.00 USD
<input type="checkbox"/>	Event Fee - Guest	09/07/2020	45.00 USD
<input type="checkbox"/>	Event Fee - Non-Member	09/07/2020	85.00 USD
<input type="checkbox"/>	Exhibitor - Member	09/10/2020	65.00 USD
<input type="checkbox"/>	Exhibitor - Guest	09/10/2020	75.00 USD
<input type="checkbox"/>	Exhibitor - Non Member	09/10/2020	85.00 USD
<input type="checkbox"/>	Event Fee - Late - Member	09/10/2020	45.00 USD
<input type="checkbox"/>	Event Fee - Late - Guest	09/10/2020	60.00 USD
<input type="checkbox"/>	Event Fee - Late - Non Member	09/10/2020	105.00 USD
<input type="checkbox"/>	Raffle	09/10/2020	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: 414-243-8971 jamieshibley@ewomennetwork.com