

**Event :- Strategic In-Person Business Introductions**

<b>Start Date</b>	10/16/2020 03:00 PM	<b>End Date</b>	10/16/2020 05:00 PM
<b>Chapter</b>	Cincinnati, OH		
<b>Location</b>	5341 S Milford Rd, Milford, Ohio, United States 45150	<b>Topic</b>	Strategic In-Person 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	10/13/2020	50.00 USD
<input type="checkbox"/>	Event Fee - Guest	10/13/2020	75.00 USD
<input type="checkbox"/>	Event Fee - Non-Member	10/13/2020	85.00 USD
<input type="checkbox"/>	Event Fee - Late - Member	10/16/2020	60.00 USD
<input type="checkbox"/>	Event Fee - Late - Guest	10/16/2020	85.00 USD
<input type="checkbox"/>	Event Fee - Late - Non Member	10/16/2020	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) \_\_\_\_\_

Fax this form to: 513-403-0301

For more information: 513-403-0301 amyostigny@ewomennetwork.com