



**Event :- Prioritize With Power**

|   |  |                 |                       |
|---|--|-----------------|-----------------------|
| <b>Start Date</b>                         | 02/11/2021 11:00 AM  | <b>End Date</b> | 02/11/2021 01:30 PM   |
| <b>Chapter</b>                            | Twin Cities, MN  |                 |                       |
| <b>Location</b>                           | 2540 Cleveland Ave N.,<br>Roseville,<br>Minnesota, United States<br>55113                        | <b>Topic</b>    | Prioritize With Power |
| <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            | 02/08/2021 | 35.00 USD    |
| <input type="checkbox"/> | Event Fee - Guest             | 02/08/2021 | 45.00 USD    |
| <input type="checkbox"/> | Event Fee - Non-Member        | 02/08/2021 | 85.00 USD    |
| <input type="checkbox"/> | Exhibitor - Member            | 02/11/2021 | 65.00 USD    |
| <input type="checkbox"/> | Exhibitor - Guest             | 02/11/2021 | 75.00 USD    |
| <input type="checkbox"/> | Exhibitor - Non Member        | 02/11/2021 | 85.00 USD    |
| <input type="checkbox"/> | Event Fee - Late - Member     | 02/11/2021 | 60.00 USD    |
| <input type="checkbox"/> | Event Fee - Late - Guest      | 02/11/2021 | 70.00 USD    |
| <input type="checkbox"/> | Event Fee - Late - Non Member | 02/11/2021 | 105.00 USD   |
| <input type="checkbox"/> | Raffle                        | 02/11/2021 | 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: 320-760-6131 irmadenehanson@ewomennetwork.com