

Attendee Registration Form

ATTENDEE INFORMATION

Please use separate registration forms (copied forms acceptable) for each individual registrant. Please print or type.

FIRST NAME: _____ LAST NAME: _____
 TITLE: _____ COMPANY: _____
 ADDRESS: _____ CITY: _____
 STATE: _____ ZIP/POSTAL CODE: _____
 TELEPHONE: _____ FAX: _____
 E-MAIL ADDRESS: _____

What is your company's primary industry? _____

Is this your first EDGE conference: Yes No
 Would you be interested in becoming a presenter at an EDGE event? Yes No
 Would you be interested in becoming an EDGE volunteer? Yes No
 Are you interested in one on one developer meetings with CA employees? Yes No

REGISTRATION CATEGORIES

I am a:

	<u>Amount Due to EDGE</u>
<input type="checkbox"/> Full Conference Attendee	\$750
<input type="checkbox"/> Speaker	\$375
<input type="checkbox"/> CA Employee	\$150

TOTAL DUE \$ _____

The first 30 registrants to sign up will receive one free room night at EDGE's contracted hotel, the Hampton Inn & Suites (a \$99 value). You will be notified of your room credit in your registration confirmation if it applies.

PAYMENT INFORMATION

Full payment in U.S. dollars must be received with the registration form via a check or by credit card by filling out the information below. **NO BALANCES DUE WILL BE PERMITTED.** The registration fee is refundable if your cancellation is received, in writing, prior to September 28, 2009, less a \$75 administrative fee. **The registration fee is NON-REFUNDABLE after September 28, 2009. If you are paying via check, please DO NOT fax this form. Attach this form only with credit card payment.**

Please check box beside the method of payment: Check (U.S. funds only) enclosed/payable to EDGE User Group
 VISA MasterCard American Express

Name on credit card: _____ Credit Card Number: _____

Signature: _____ Exp. Date: _____

Please return this form by fax or mail to:

EDGE, 401 N. Michigan Ave. Suite 2200, Chicago, IL 60611
 Phone: 312.673.4753 Fax: 312.321.5158 E-mail: info@edgeusergroup.org