

ONE DAY ONLY REGISTRATION
IP Casino & Resort
Thursday, November 14, 2019

Primary Contact _____ Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Fax _____ Email _____

ATTENDEE NAME:

(as it would appear on badge)

**Summit
(\$225)**

_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

TOTALS:

Total Thursday Only Attendees			X \$225 =	
Attendees cancelling before October 14, 2019 will receive a refund of their fees, less a non-refundable \$100 deposit. No refunds will be issued after this date.		TOTAL DUE:	=	

- Pay by check (Payable to ACTS) Mail to: PO Box 644, Conway AR 72033
- Pay by credit card (Enter information or register online at www.mississippi.damagepreventionsummit.com)

Credit Card # _____ Exp. Date _____ Security Code _____

Name on card _____

Billing address (if different from above) _____

Charge will show as **ACTS NOW** on statement

For more information, visit www.mississippi.damagepreventionsummit.com, call ACTS at 888-548-6363, fax 501-548-6969 or email thesummit@aligningchange.com