

MABUG CONFERENCE 2019

March 31st - April 3rd 2019



USER Registration Form - MABUG Conference 2019, Sacramento

1. Calculate the total registration fees due according to the rate category:

Registration Rate Schedule

Rate Category	First Attendee	Second Attendee	Third Attendee	Four or More Attendees	Quantity	Amount Due
MAVES User on or before January 31st, 2019	\$850	\$800	\$750	\$700		
MAVES User on or after February 1st, 2019	\$1,000	\$950	\$900	\$850		
Early Bird Example: 3 users (from the same company): \$850 (1st) + \$800 (2nd) + \$750 (3rd) = \$2,400 Total						
Family Member on or before January 31st, 2019	\$300	\$300	\$300	\$300		
Family Member on or after February 1st, 2019	\$400	\$400	\$400	\$400		

2. Provide the contact details for each attendee (family excluded):

Attendee Details

First Attendee (Primary Contact):

Name: _____ Company: _____

Address: _____ Title: _____

Email: _____

Zip/Postal Code: _____ Phone: _____

Additional Attendees (From Same Company as Primary Contact):

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

3. Read the following terms and conditions and provide your signature:

Terms and Conditions

Refunds will not be granted for cancellations made after 2019/03/01. All refunds will be subject to a \$50.00 handling fee.

Payments received after the cutoff date of the discount period selected will be subject to a surcharge of \$5.00 per day

Print Name: _____ Signature: _____

Date: _____

To submit completed registration Mail: MABUG c/o 3731 Finch Rd, Modesto CA 95357

Scan/Email: registration@mabug.net

Fax: 209-572-0221 Attn: Michelle Van Artsdalen

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CREDIT CARD AUTHORIZATION FORM

AUTHORIZATION AGREEMENT

I hereby authorize **MAVES Advisory Board Users Group** to charge the credit card listed below.

Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement.

ACCOUNT INFORMATION

Cardholder's Name _____

Company Name _____

Billing Address _____

Credit Card Number _____

Expiration Date _____ / _____ (MM/YYYY)

Security Code _____

AMERICAN EXPRESS

VISA

MASTERCARD

CARDHOLDER SIGNATURE

Cardholder Signature _____

Date _____