



Heartland Conference 2010

Reemployment Strategies for the Midwest Recovery

April 7-9, 2010
Hyatt Regency Chicago, IL

PERSONAL INFORMATION (*required information)

Please Type, print or attach business card:

Circle one: Mr. / Mrs. / Ms. / Dr. / Hon.

*First Name Middle Initial *Last Name

Job Title

Badge Name (if different from above)

*Organization/Agency

*Address

*City * State *Zip Code

*Phone * Fax

*E-mail of person attending conference (must provide to process registration)

*E-mail address of person wanting to receive registration confirmation or credit card confirmation receipt.

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SPECIAL ASSISTANCE:

Requests must be received no later than March 25, 2009

Mobility____ Hearing____ Visual____

Dietary (Please Explain)____ Other____

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CONFENCERE REGISTRATION INFORMATION:

- For immediate confirmation, register online using purchase orders, credit card or check option payment methods
- If using this form, payment must be sent with form to be fully registered
- If you are paying with a purchase Order, the PO form must accompany this form
- Make checks out to: The Event Connection
Send to: 31 Mesa Oak, Littleton, CO 80127
- The Event Connection's Federal Tax ID #: 200536550
- One registration form per registrant. Duplications of this form are permissible
- Make sure all information is correct and legible
- Unless the conference has met capacity, registration will be accepted until Tuesday, March 30th

PAYMENT INFORMATION:

Select Fee:

Regular Registration Rate (Before March 15)

Cost \$100

Late Registration Fee (After March 15)

Cost \$125

TOTAL AMOUNT DUE: _____

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METHOD OF PAYMENT:

Check/Money Order enclosed payable to:

The Event Connection

Payment waived or comp (Prior authorization required)

Purchase Order: # _____ (enclose copy of PO)

Credit Card: Visa____ MC ____ AmEx____ Discover ____

CC #: _____

Exp. Date: ____/____

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Visa/MC: 3-digit verification code from back of credit card

AmEx: 4-digit verification code from the front of the card

Credit Card (where monthly billing is sent) **or Purchase Order**

Invoice Billing Address:

Name on Credit Card or person to receive purchase Order

Invoice: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail address of credit cardholder for confirmation:

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CANCELLATION POLICY – PLEASE READ CAREFULLY!

You will be charge a \$25 cancellation fee for any registrations cancelled before 5:00 pm Mountain Time 30 days prior to an event except for documented cases of medical or family emergency. After 30 days prior to an event, full registration fee is due whether you attend or not. Substitutions may be made at any time at no cost. Cancellation or substitution must be mailed or faxed to Performance Excellence Partners, Inc. and will not be accepted over the phone. It is your responsibility to cancel your room reservation with the hotel – Performance Excellence Partners, Inc. will not contact the hotel on your behalf.

By checking here, I signify that I understand the cancellation policy.