

First Outlook Conference & Expo

Register Now! Fill out the information below and fax to 860-682-1010 or register by calling 860-682-1000

Early Bird: Register by 10/9/09 to save!

November 4 - 6, 2009 • San Diego, California

| Full Conference Pricing   | By 10/9 (Early Bird Deadline)  | By 10/23 (Standard Deadline)  | After Deadline & On-site   |
|---|--|---|--|
| Levels D, E, F (5% Discount)  | ___ \$687.80   | ___ \$854.05  | ___ \$949.05*  |
| Levels G & H (10% Discount)   | ___ \$651.60   | ___ \$809.10  | ___ \$899.10*  |
| One Day Conference Pricing  | By 10/9  | By 10/23  | After Deadline & On-site   |
| Levels D, E, F (5% Discount) Wednesday  | ___ \$640.30   | ___ \$806.55  | ___ \$901.55*  |
| Levels G & H (10% Discount) Wednesday   | ___ \$606.60   | ___ \$764.10  | ___ \$854.10*  |
| Levels D, E, F (5% Discount) Thursday or Friday   | ___ \$592.80<br><input type="checkbox"/> Th. <input type="checkbox"/> Fri.<br>(Please indicate which day)      | ___ \$759.05<br><input type="checkbox"/> Th. <input type="checkbox"/> Fri.<br>(Please indicate which day) | ___ \$854.05*<br><input type="checkbox"/> Th. <input type="checkbox"/> Fri.<br>(Please indicate which day) |
| Levels G & H (10% Discount) Thursday or Friday  | ___ \$561.60<br><input type="checkbox"/> Th. <input type="checkbox"/> Fri.<br>(Please indicate which day)      | ___ \$719.10<br><input type="checkbox"/> Th. <input type="checkbox"/> Fri.<br>(Please indicate which day) | ___ \$809.10*<br><input type="checkbox"/> Th. <input type="checkbox"/> Fri.<br>(Please indicate which day) |
| Additional President's Reception Tickets<br>(For non-conference registrants or Thursday and Friday One Day Registrants) | D, E, F ___ \$142.50**   | D, E, F ___ \$142.50**  | ___ \$150**  |
|   | G & H ___ \$135**  | G & H ___ \$135**   |  |
| Networking Lunch with a Twist (Thursday)  | <input type="checkbox"/> Lunch available to all. Select this to be assigned to a table for focused networking. |   |  |
| Chapter Event (Thursday)  | ___ \$40**   |   |  |
| Speed Networking (Wednesday)  | <input type="checkbox"/> Speed Networking (Optional Event - Full Registration or Wednesday Attendees Only)     |   |  |

\* Name will not appear on pre-registered attendee list.

\*\* Can be purchased only by Conference registrants.

**Cancellation Policy:** Cancellations must be received in writing before 5:00 PM EST on October 23. Cancellations will be subject to a \$100 fee. Cancellations for additional President's Reception tickets are subject to a \$25 fee. Cancellations for Chapter Event tickets are subject to a \$25 fee. Cancellations received after 5:00 PM EST on October 23 are non-refundable. If last minute problems prevent you from attending, we urge you to find a replacement, so that your registration will not go unused. Please notify MRA if you need to send a substitution. Substitutions received after October 23 will be subject to a \$25 fee.

**Special Accommodations:** If you are in need of special accommodations as per the Americans with Disabilities Act, please contact MRA at 860-682-1000.

**Important:** Our hotel room block is reserved for registered Conference attendees only. If you have not registered for the Conference within 48 hours of booking your room, we reserve the right to release the room back into inventory. Therefore, to avoid any confusion or disappointment, please register for the Conference before reserving your room with the hotel.

|                 |   |         |               |
|-----------------|---|---------|---------------|
| Last Name       | First Name                                | Company | Daytime Phone |
| Mailing Address | City                                      | State   | Zip Code      |
| Fax             | Email address (required for confirmation) |         |               |

Please update MRA's database with my new contact information

Name, City and State You Want To Appear On Your Conference Badge

\*No badge changes will be made on site.

TOTAL DUE \$ \_\_\_\_\_

Payment must accompany your registration form. Only U.S. accepted on checks.

\_\_\_ Enclosed is Check # \_\_\_\_\_  
 \_\_\_ Charge total due to the following credit card:  
 \_\_\_ AMEX \_\_\_ Mastercard \_\_\_ VISA

Name on Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

**PAID STAMP (For Office Use Only)**

Amount Paid: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Initials: \_\_\_\_\_

Paid by CHECK AMEX VISA MC

Check Approval #: \_\_\_\_\_