

ImageMaster 1st Annual User Meeting Registration Form

Where: Westin Michigan Ave, Chicago, IL
When: April 15, 2009

Please complete one application per person. PLEASE PRINT

Last Name:		
First Name:		Title:
Company:		
Address:		
City:	State:	Zip:
Phone #:	Fax #:	
Email Address:		
Special Needs:		

Registration Fee for Conference (per registration)

	Before March 15 th , 2009	After March 15 th , 2009
Company Check (with Registration)	\$ 190	\$ 295
Credit Card (billed separately)	\$ 200	\$ 300

Please print the name that you would like to appear on your NAME TAG:	
1 st Registration:	2 nd Registration:
3 rd Registration:	4 th Registration:

PLEASE INDICATE METHOD OF PAYMENT.

Company Check Enclosed

Please Bill My Credit Card [EMAIL ADDRESS REQUIRED]

(With this option we will email a conference registration invoice to you. Please follow the instructions contained in the email to complete your registration for the conference.)

<p>MAIL: Completed Registration Form with payment to:</p> <p style="text-align: right;">Fillimerica Incorporated 277 Fairfield Road - Suite 309 Fairfield, NJ 07004</p> <p>-OR-</p> <p>FAX: Completed Registration Form (available for credit card payment ONLY) to: (973) 808-1384</p>	
---	--