

IMSA
 ANNUAL CONFERENCE AND SCHOOL
 ORLANDO, FLORIDA
 AUGUST 18 – 25, 2009

ORDER FORM FOR OPTIONAL FUNCTIONS
EXHIBITORS ONLY

ORDER BY AUGUST 3rd FOR THESE DISCOUNTED PRICES!

*******AFTER AUGUST 3, 2009 PRICES WILL INCREASE BY \$10.00.*******

Name _____

Company _____

SUNDAY, AUGUST 23, 2009

	# Required	US \$	Total
Exhibit Opening (no charge for registered exhibitors)	_____	@ \$55.00	_____
Companion Opening Breakfast	_____	@ \$40.00	_____

MONDAY, AUGUST 24, 2009

Annual Breakfast Session	_____	@ \$45.00	_____
Companion Continental Breakfast	_____	@ \$30.00	_____
Companion Tour – Winter Park (Includes Lunch)	_____	@ \$130.00	_____
Theme Night	_____	@ \$115.00	_____

TUESDAY, AUGUST 25, 2009

Companion Breakfast	_____	@ \$30.00	_____
IMSA Reception & Banquet	_____	@ \$140.00	_____

METHOD OF PAYMENT

Check or Purchase Order Enclosed. (US FUNDS ONLY)

PLEASE MAKE PAYABLE AND MAIL TO:
 IMSA, P.O. Box 539, Newark, New York 14513

PLEASE SUBMIT COPY OF PURCHASE
 ORDER AT TIME OF REGISTRATION

MASTERCARD

Purchase Order No. _____

VISA

Card Number _____

May be accepted by FAX: 315.331.8205

Verification Code _____ Expiration Date _____

Questions... PHONE: 800.723.4672

Card Holder's Name _____

EMAIL: mce@imsasafety.org

Card Holder's Billing Address _____

City _____ State _____ Zip _____

TOTAL PAYMENT

Card Holder's Signature _____

\$ _____