



**ISO 8000 International Data Quality Conference & ECCMA's 10<sup>th</sup> Annual Conference  
Bethlehem, PA ■ Thursday October 28, 2009**

**EXHIBIT BOOTH RESERVATION FORM**

*To be returned to:*

ECCMA  
2980 Linden St, Suite E2  
Bethlehem, PA 18017 USA

Fax: +1 610 625 4657 ■ email: conference@eccma.org ■ Phone: +1 610 861 5990

COMPANY NAME.....

ADDRESS .....ZIP/POST CODE .....

CITY, STATE ..... COUNTRY .....

NAME OF REGISTERED ATTENDEE .....

PHONE (of attendee named above) ..... FAX .....

EMAIL (of attendee named above).....WEB ADDRESS.....

<b>STANDARD EXHIBIT BOOTH (including one attendee registration)</b> includes: welcome reception on Tuesday evening and breakfast, lunch and breaks on Wednesday & Thursday	<b>Early Registration*</b>	<b>Registration After July 31st 2009</b>
<input type="checkbox"/> ECCMA member organization	\$1,190	\$1,650
<input type="checkbox"/> Non ECCMA member organization	\$1,650	\$2,250
<b>SOCIAL EVENT (Wednesday Evening)</b>		
<input type="checkbox"/> ISO 8000 International Data Quality Award Dinner Includes: bountiful 3 course dinner, wine and wine tasting	\$60	\$60
*NOTE: Early registration cancellations received on/before August 31st will be refunded, less \$600. No refunds will be made after this date however a substitute attendee may be named.	<b>Total</b>	\$

**PAYMENT**

By check or money order made payable to ECCMA, (checks must be in U.S. dollars drawn on a U.S. bank)  
\*For all wire transfers a \$25.00 fee should be included in the TOTAL AMOUNT and will be included on invoice. Email ECCMA for bank information.

By credit card     Mastercard     Visa     American Express

Card number: ..... Expiry date:...../..... Security code.....

Name on card:..... Billing address: .....

Signature: \_\_\_\_\_

For Office Use:

\_\_\_ Confirmation Email    \_\_\_ Entered    \_\_\_/\_\_\_/\_\_\_ Pd Date    \_\_\_/\_\_\_/\_\_\_ Sent Pd Date    \_\_\_/\_\_\_/\_\_\_ Sent Pk Date    \_\_\_/\_\_\_/\_\_\_ Accountant Received