



**ECCMA's 10th Annual International Conference
Bethlehem, PA ■ October 27-29, 2009**

ATTENDEE REGISTRATION 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

☐ Miss ☐ Mrs ☐ Mr FAMILY NAME

FIRST NAME

COMPANY

ADDRESS

..... ZIP/POST CODE

TOWN, STATE COUNTRY

PHONE FAX

EMAIL

REGISTRATION FEE		
Including: Welcome reception on Tuesday evening, breakfast and lunch on Wednesday & Thursday		Price
<input type="checkbox"/> Registration per person from an ECCMA member organization		\$450
<input type="checkbox"/> Registration per person from a non ECCMA member organization		\$550
*Cancellations received on/before August 31 will be refunded, less \$50. No refunds will be made after this date however a substitute may be named.		\$
		TOTAL 1

Please list additional attendees (first and last name) and if they are attending Wed. Dinner:

.....
.....

SOCIAL EVENT (Wednesday Evening)		
ISO 8000 International Data Quality Award Dinner Includes: bountiful 3 course dinner, wine and wine tasting		\$60
		\$
TOTAL 1 + 2		\$
		TOTAL 2

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. ECCMA will provide bank information.

☐ By credit card ☐ Mastercard ☐ Visa ☐ American Express

Card number: Security code.....

Expiry date:/..... Cardholder's name:

Signature: **Total Amount(1+2): \$**

For Office Use:

___ Confirmation Email ___ Entered ___/___/___ Pd Date ___/___/___ Sent Pd Date ___/___/___ Sent Pk Date ___/___/___ Accountant Received