



Mr. Mrs. Miss Dr.
 FAMILY NAME (LAST NAME):

FIRST NAME: COMPANY:

ADDRESS:

CITY: STATE: POSTAL CODE:

COUNTRY: PHONE: EMAIL:

SUMMIT FEE

Includes: Tuesday welcome reception, Wednesday Awards Dinner, Wednesday through Thursday-breakfast, morning break, lunch and afternoon break. Price is per person.		Price (USD)
<input type="checkbox"/> Charter Member Registration		\$200
<input type="checkbox"/> Full Member Registration		\$400
<input type="checkbox"/> Associate Member Registration		\$680
<input type="checkbox"/> Non-Member Registration		\$800
<input type="checkbox"/> Promotion/Discount Code	<input type="text"/>	TOTAL: \$ <input type="text"/>

Any dietary needs? (vegan, vegetarian, allergies, etc.):

Timeline: Tues 5pm - 7pm Welcome Reception Wed/Thurs 9am - 5:30pm Summit Wed 6:00pm - 8pm Awards Dinner

PAYMENT

Check or Money Order
 Payable to ECCMA, checks must be in U.S. dollars drawn on a U.S. bank

Wire Transfer
 A \$25.00 wire fee will be included in the TOTAL AMOUNT. ECCMA will provide bank information.

Credit Card: VISA MasterCard American Express

Card number: Expiry date:

Cardholder's name: Signature:

Cancellation Policy
 Registration refunds less a \$100 processing fee per registrant will be granted to cancellations received in writing by 9/27/2013. No refunds will be granted after 9/27/2013. Substitution for a paid registered attendee may be made at any time.

Submit Registration Form to: ECCMA
 2980 Linden St, Suite E2, Bethlehem, PA 18017 USA
 Fax: +1 610 625 4657 ▪ email: conference@eccma.org