



Differentiating and Managing the Entire Spectrum of Vertigo

Saturday, October 16, 2010 (8am-4pm)

REGISTRANT INFORMATION

Today's Date:	Last:	First:	MI:	Designation:
Job Title:		Facility/Organization:		Department:
Address 1:			Address 2:	
City:	State:	Zip:	Country:	
Phone:	Fax:	Email:		
<p>Would you like to join us for a group dinner Friday evening, October 15?</p> <p><input type="checkbox"/> Yes (Cost will be approximately \$65 per plate)</p> <p><input type="checkbox"/> No</p>				
<p>Accommodations: Seminar attendees are eligible for a special rate of \$99/night at the St. Louis Marriott West, an upscale AAA three-diamond hotel at 660 Maryville Centre Drive. The discounted rate is good October 16, and is available on a first come, first serve basis. The Marriott West can be contacted at 1-800-352-1175.</p>				
<p>Would you like Vesticon to make hotel arrangements for you and/or your group?</p> <p><input type="checkbox"/> Yes (Please indicate the number of rooms and nights in the payment section of this form)</p> <p><input type="checkbox"/> No</p>				

ADDITIONAL ATTENDEES

Last:	First:	MI:	Designation:	
Job Title:		Facility/Organization:		Department:
Address 1:			Address 2:	
City:	State:	Zip:	Country:	
Phone:	Fax:	Email:		
Last:	First:	MI:	Designation:	
Job Title:		Facility/Organization:		Department:
Address 1:			Address 2:	
City:	State:	Zip:	Country:	
Phone:	Fax:	Email:		



PAYMENT

Early Bird Registration Fee (until Oct 1) <input type="checkbox"/> \$199.00 Registration Fee (after Oct 1): <input type="checkbox"/> \$245.00 Each additional attendee (1/2 price) Early Bird <input type="checkbox"/> \$99.50 Regular Registration <input type="checkbox"/> \$145.00 How many will attend? _____	Optional dinner on Saturday: <input type="checkbox"/> \$65.00 How many will attend? _____	Seminar rate at Marriott West Hotel: <input type="checkbox"/> \$99/night Dates of your stay: _____ # of rooms: _____
Subtotal: \$ _____	Subtotal: \$ _____	Subtotal: \$ _____
Grand Total: \$ _____		
<input type="checkbox"/> Payment enclosed <input type="checkbox"/> Bill my credit card- fill out billing information below:		
Card Type: Visa MasterCard		
Card Number: _____ Security Code: _____ Expiration Date: _____		

BILLING INFORMATION (IF DIFFERENT THAN REGISTRANT INFO)

Last:	First:	MI:
Address 1:		Address 2:
City:	State:	Zip: Country:

Payment must be received in full seven days prior to seminar date. For early bird pricing, payment must be received by September 24.

Cancellations: You may cancel without any penalty until Monday, October 11, after which a cancellation fee of \$50 will be charged. Cancellations must be received in writing and may be faxed to Vesticon at 503-230-0549. Refunds will not be given without prior written cancellation. Hotel cancellations must be made 72 hours before scheduled check in date.

Signature

Date

For further information call Janet Whitfield at 503-230-0539, ext. 200.

Fax this form to Vesticon at:
503-230-0549