



Registration Form

**DCIA 2008 FALL CONFERENCE
OCTOBER 7-8, 2008
HOTEL DUPONT
WILMINGTON, DELAWARE**

Registration Info:

Contact Name _____ Title _____
Company Name _____
Address _____ City, State, Zip _____
Telephone _____ Fax _____
E-mail _____ Website _____

Please reserve the following for the Company above:

- \$400 – DCIA Member
- \$350 - 2nd DCIA Member from same firm (please note name of first DCIA Member) _____
- \$500 - Non Member
- \$750 - Exhibitor
- \$400 – DE Chamber of Commerce – 2 day Pass
- \$250 – DE Chamber of Commerce – 1 day Pass

Payment Information:

Enclosed is my check in the amount of \$ _____ made payable to DCIA.

Please charge the following: Visa Mastercard AMEX Discover
CREDIT CARD #: _____
EXPIRATION DATE: _____ VAL CODE (3 digit code on back): _____
CARD IN THE NAME OF: _____

SAME AS ABOVE
BILLING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
SIGNATURE: _____

Agreement: All registration applications for the 2008 Conference must be accompanied by payment made payable to DCIA in the appropriate amount. Registration agreements will be made on a first-come first-served basis on the date of receipt by DCIA.

Applications will not be considered unless accompanied by payment in full.

By signing below, we acknowledge we have read and agree to the terms outlined above.

Signature _____ Date _____

For additional information, contact:

Lindsay Wheeler, Director of Marketing & Event Planning at 302-884-6714 or lwheeler@delawarecaptive.org.

Mail /Fax/ E-mail, Completed Contract and Payment to: DCIA, 1201 N. Orange Street, Suite 714, Wilmington, DE 19801/
302-884-6713/ lwheeler@delawarecaptive.org