



# SACRAMENTO/SIERRA NEVADA CHAPTER

M E E T I N G   P R O F E S S I O N A L S   I N T E R N A T I O N A L

November 2009 Program/Luncheon Program Registration form

\_\_\_\_\_ Member    \_\_\_\_\_ Non-member

**Your Name:** \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Title \_\_\_\_\_

**BILLING** Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Registration Fees (by November 10):**

	<b>Member</b>	<b>Non-Member</b>
<b>Workshop &amp; Luncheon</b>	<b>\$75</b>	<b>\$105</b>
<b>Workshop Only</b>	<b>\$50</b>	<b>\$70</b>
<b>Luncheon Only</b>	<b>\$35</b>	<b>\$45</b>

**Registration Fees (after November 10):**

<b>Workshop &amp; Luncheon</b>	<b>\$120</b>	<b>\$150</b>
<b>Workshop Only</b>	<b>\$80</b>	<b>\$100</b>
<b>Luncheon Only</b>	<b>\$50</b>	<b>\$60</b>

**Total:** \_\_\_\_\_

Method of Payment:

Cash \_\_\_ Check # \_\_\_\_\_ (payable to MPISSN)

Credit Card    M/C    VISA    AmEx

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

**Please fax to 916.624-2648 or mail to:  
P.O. Box 2338, Rocklin, CA 95677-2338**