

VENDOR REGISTRATION

2007

LATIN AMERICAN * INTERNATIONAL

USE ONE REGISTRATION FORM PER ATTENDEE- PLEASE PRINT
** All registration fees must accompany a completed registration form.*

Registration is required *in advance* no later than **November 5, 2007!** SACS CASI accepts Credit Cards and U.S. Bank Checks.
Paying with a Credit Card? Fax completed form with credit card information to 404-679-4533!
Paying with a Check? Mail completed form with check to the address below!

December 2 - 5
Rosen Centre Hotel
Orlando, Florida

CHIEF ADMINISTRATORS CONFERENCE

NAME FOR BADGE: First: _____ Last: _____

TITLE/POSITION: _____

NAME OF ORGANIZATION/COMPANY: _____

Mailing Address: _____

City: _____ State/Country: _____ Zip Code: _____

Office Phone w/extension: _____ Fax: _____ Cellular: _____

Email Address: _____ Web Address: _____

Hotel reservations are to be made directly with the **ROSEN CENTRE HOTEL, Orlando, Florida** by **November 5, 2007**.
Visit http://reservations.ihotelier.com/crs/g_reservation.cfm?groupID=45908&hotelID=2018 or www.sacscasi.org for information/reservations

Vendor Registration Fee: \$600.00 **Additional Vendor Attendee: \$300.00**
The Vendor Registration Fee includes 1 Corporate Attendee and Display Table (1 Table w/2 chairs).

TOTAL REGISTRATION FEE: _____ NAME FOR ADDITIONAL VENDOR BADGE: _____

PAYMENT INFORMATION: The registration fee may be paid by Credit Card or Check drawn on a U.S. bank payable to: **SACS CASI**
A single credit card or check may be used for multiple attendees. Wire transfers can not be accepted.

METHOD OF PAYMENT: (SELECT ONE)

Paying by Credit Card?
Fax completed Registration Form to:
404-679-4533

Paying by Check?
Mail completed Registration Form with Check to:
Southern Association of Colleges and Schools
1866 Southern Lane, Decatur, Georgia 30033
Attention: DONA ROUNTREE

Check check #: _____

Credit Card Visa MasterCard American Express

Card Number: _____

Expiration Date: _____ Security Code: _____

Cardholder's Name (print): _____

Cardholder's Signature: _____

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