2009 SCTE So Cal Vendor Days
Attendee Registration Form
Wednesday and Thursday, November 18 & 19
DoubleTree Hotel, Ontario, Ca

Invoice Information

Company:_____ City: _____

Name of Chapter:_____ Address:_____

Person responsible for Payment:_____ State:_____

Contact Firs Name:_____ Zip:_____

Contact Last Name:_____ Fax_____

- Daily fees for attendees: $20.00 (SCTE Members) $25.00 (Non-Members)
- Companies providing pre-registration lists will be given one free attendee registration (a $35 value) for each ten attendees pre-registered
- Please complete credit card information below
- For companies requesting direct billing, discounts will be taken off of the invoice. All payments must be received prior to October 28, 2009 **Please return completed form by mail or fax by October 28, 2009 Fax to**: Anna Riker at 973-215-2779 **Email:**ariker@rikerconference.net **Mail to:** Riker Conference Connection/SCTE Registration Form, 13 Overlook Road, Chatham, NJ 07928

BY CHECK # _____ BY CREDIT CARD: ☐ VISA ☐ M/C ☐ AMEX

Card Holder Signature_____ Card Number_____

Name on Card _____ Expiration Date _____

(Name : As it appears on Company ID card) **Division** (example: Time Warner/SanDiego):_____

	First	Last	Company ID	City	Member $20.00	Non-Member $25.00	No18 Wed	Nov 19 Thurs
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
Subtotal Amount Due								
Total Amount Due								

Click here to submit form via email **Click here to print form**