



Registration Form

FAX COMPLETED FORM TO: 913-712-9247 (No cover sheet required)

Guest Registration Information

Primary Contact Name:

Today's Date:

(if also attending the event, please enter your name in the Attendees List below)

Title:

Organization:

Address:

City/State/Zip:

Email:

Phone:

Fax:

Promotional Code:

Promotional Code Discount Per Guest:

(please enter your code to secure your preferred and lowest program fee)

(amount of discount per guest from your promotional code)

Payment Method (please check and/or provide all applicable information)

Check

Purchase Order (P.O.) PO Number: _____

Please make checks payable to "Solution Infusion, LLC" and mail with the registration form to the address at the bottom of this form

Credit Card

MasterCard

Visa

American Express

Card Number:

Expiration Date:

Cardholder Name:

CID/Security Code:

Billing Address:

City, State, Zip:

Program Fee Calculator

Number of Guests Attending		
Standard Fee (per Guest)	\$395	
Promotional Code Discount (per Guest)	-\$	Amount of discount from your Promotional Code
Group Discount (per Guest)	-\$	10+ guests = \$35 off per guest
Total Discount (per Guest)	-\$	Add Promotional Code Discount Line and Group Discount Line
Preferred Fee (per Guest)	\$	Subtract Total Discount Line from Standard Fee Line
Total Fee Amount Due	\$	Multiply Total Preferred Fee Line by Number of Guests Line

Attendees List (please complete for all Guests to ensure rapid event check-in and receive important event updates)

	Name	Email	Phone Number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Cancellation Policy - Registrations are non-refundable; however, you may send a substitute.

◆ PH 877-544-2384 ◆ FX 913-712-9247

Solution Infusion, Disney Keys Program – P.O. Box 275 ◆ Wellsville, PA 17365

