

# Cost Control & Profit Generation Conference



Phone: 407-447-5209 Fax: 407-386-7212

Please mark the date and location of the conference you plan to attend.

Orlando, Florida. November 11-12, 2008

Please mark the appropriate boxes to calculate price.

Second Time Attendee  \$499 → # \_\_\_\_\_ additional attendees @ \$299 / each  
SMA Inner Circle Member  \$799 → # \_\_\_\_\_ additional attendees @ \$299 / each  
Non-Client Rate  \$999 → # \_\_\_\_\_ additional attendees @ \$499 / each

*(To learn more about the SMA Inner Circle, go to [www.smaconsulting.net](http://www.smaconsulting.net))*

## Calculate totals below:

\$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
1<sup>st</sup> Attendee Rate from Above      Additional Attendee Total      Total Payment

Please list all attendees below (please use attendee's email address in order to receive confirmation and updates):

Name: \_\_\_\_\_ Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## COMPANY INFORMATION-For Billing Purposes

Company: \_\_\_\_\_

Check (Call for check info)  Credit Card (Visa, MC, AMEX)

E-Mail: \_\_\_\_\_

Number \_\_\_\_\_

(if different from first attendee's email)

Contact: \_\_\_\_\_

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

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

Billing Address for Card:  
\_\_\_\_\_  
\_\_\_\_\_

Exp. Date \_\_\_\_\_ Card Security Code \_\_\_\_\_

Signature \_\_\_\_\_

Please return to FAX # (407) 386-7212  
[www.smaconsulting.net](http://www.smaconsulting.net)

ONLINE FORM