

Register online at: www.esica.org

ESICA

2009 SPRING CONFERENCE

Nemacolin Woodlands Resort, Farmington, PA

MAY 6-8, 2009

*Please complete one form for each person or couple attending

Name: _____ Badge Name: _____

Spouse/Guest Name: _____ Badge Name: _____

Company Name: _____ Title: _____

Address: _____

Phone: _____ Fax: _____ City: _____ State/Zip: _____ Email: _____

REGISTRATION FEES

By APRIL 3

After APRIL 3

Contractor Members	— \$350.00	— \$400.00
Contractor Member & Spouse	— \$500.00	— \$550.00
Associate/ Distributor/Fabricator Member	— \$450.00	— \$500.00
Associate / Distributor/Fabricator Member & Spouse	— \$600.00	— \$650.00
Non-ESICA or CSIA Members	— \$500.00	— \$550.00
CREDIT (Associates who Sponsor)	— (\$100.00)	— (\$100.00)
New Member (1 ST time)	— complimentary	— complimentary

Total Registration: \$ _____ \$ _____

GOLF TOURNAMENT

Cost x number of people

Total

Thursday, May 7th Includes Lunch

Average score or handicap(s): _____ \$175.00 x _____ \$ _____

SHOOTING ACADEMY

Thursday, May 7th Includes Lunch

\$175.00 x _____ \$ _____

GUEST PROGRAM

Thursday, May 7th

\$ 30.00 x _____ \$ _____

Total Costs Remitted: \$ _____

Payment by either check payable to ESICA or charge on VISA, MASTERCARD or AMERICAN EXPRESS.....

Credit Card # _____ Exp. Date: _____ Signature: _____

NOTE: 90% Refund on cancellations received prior to April 29, 2009. No Refund on cancellations received after April 29, 2009.

CONFERENCE SPONSORS THANK YOU!

Company Name _____

Address _____

City/State/Zip _____

Contact Name: _____ Phone: _____ Fax: _____

Email Address: _____

SPONSORSHIP FEE: \$400 Includes:

- Sponsor's name displayed throughout the conference
- A slide show presentation during the conference
- A 3-5 minute presentation by each Sponsor YES, I would like to give a presentation
- Acknowledgement in our Newsletter
- **\$100 Credit** for each person attending from your company (deduct \$100 from each registrant NOT from Sponsorship Fee)

YES, I will sponsor ~ Send a \$400 check to ESICA or charge on VISA, MASTERCARD or AMERICAN EXPRESS.....

Credit Card # _____ Exp. Date: _____ Signature: _____

Please return your completed form with your payment by **APRIL 3, 2009** to:

ESICA 229 South Street Oyster Bay, NY 11771

Phone: (516) 922-7855 Fax: (516) 922-1414 esica2002@yahoo.com

REGISTER ON LINE at: www.esica.org