

Atlantic Conferences Symposium on Mezzanine & Middle Market Finance '09



HOW TO REGISTER

Mail, fax or email the registration form with payment to:



Atlantic Conferences Inc.
58 South Street, P.O. Box 157
Upton, MA 01568
TEL: (508) 529-2455, FAX: (508) 529-4788
Louise.Vogel@AtlanticConferences.com
www.AtlanticConferences.com

Please return the registration form. You are registered when we receive payment.

REGISTRATION FEE: \$2195 for the first registration and \$1995 for subsequent registrations from the same organization (same name) received at the same time. The fee includes lunch, refreshments and all documentation supplied by speakers.

DISCOUNTED REGISTRATION FEE THROUGH MARCH 31ST: \$1995

Please make checks (in US funds drawn on a US bank) payable to Atlantic Conferences Inc. and attach to the registration form. Confirmation will be sent.

CONFERENCE LOCATION:

We are currently in negotiations with the venue. Please call or email Louise Vogel for updated information.

SUBSTITUTIONS/CANCELLATIONS: In order to receive a prompt refund, your notice of cancellation must be received in writing 10 working days before the conference. We regret cancellations cannot be accepted after that date. However, your registration can be transferred to another member of your company at any time prior to 8:30 am on April 28th. Please notify us in advance so that materials can be prepared. All cancellations are subject to a \$295 processing fee. If Atlantic Conferences Inc. cancels an event, it is not responsible for any airfare, hotel or other costs incurred by registrants.

REGISTRATION FORM

Please include this form with your payment. Checks in US\$ drawn on a US bank. Wire transfers call for information. *You are registered when we receive payment.*

I am registering by March 31st: \$1995–first registration; \$1895–additional registrations*

PAY BY CHECK: deduct \$50 per registration.

I am registering after March 31st: \$2195–first registration; \$1995–additional registrations*

**from the same group, registering at the same time.*

I am paying by credit card: American Express MasterCard VISA

CREDIT CARD #

EXPIRATION DATE

NAME ON CARD

I am interested in SPONSORSHIP or a TABLE TOP EXHIBIT. Please send information.

Please fill in name/position/company for all registrants as you would like them to appear on name tags:

NAME

POSITION

NAME

POSITION

NAME

POSITION

COMPANY

DIVISION

ADDRESS

CITY

STATE

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