

# ISPE 2008 Annual Meeting Networking Events Registration

Please attach this form to your completed Hotel Reservation Form located in the Annual Meeting Education Brochure, and submit both to ISPE.

Please type or print clearly

ISPE ID Number \_\_\_\_\_

Primary Attendee \_\_\_\_\_  
FIRST NAME LAST NAME

NETWORKING FEES SPOUSE/GUEST REGISTRATION	QUANTITY	TOTAL
Spouse/Guest Package	\$210 each x _____	\$ _____
Monday Spouse/Guest Continental Breakfast	\$30 each x _____	\$ _____
Monday Lunch	\$50 each x _____	\$ _____
Tuesday Membership Luncheon	\$50 each x _____	\$ _____
Tuesday Navigating the Islands Party	\$200 each x _____	\$ _____
Wednesday Lunch	\$50 each x _____	\$ _____
Option #1 - ISPE Golf Tournament	\$195 each x _____	\$ _____
Option #2 - Flagler Museum Tour	\$75 each x _____	\$ _____
Option #3 - Croquet Tournament	\$45 each x _____	\$ _____
Historical Walking Tour - Monday	\$12 each x _____	\$ _____
Historical Walking Tour - Tuesday	\$12 each x _____	\$ _____
<b>TOTAL NETWORKING FEES</b>		<b>\$ _____</b>

Spouse/Guest Name \_\_\_\_\_  
FIRST NAME LAST NAME

E-mail Address \_\_\_\_\_

Fee includes the following; please check all in which you will participate:

- Sunday Welcome Reception
- Monday Spouse/Guest Continental Breakfast
- Tuesday Navigating the Islands Party

Additional Name \_\_\_\_\_  
FIRST NAME LAST NAME

E-mail Address \_\_\_\_\_

Fee includes the following; please check all in which you will participate:

- Sunday Welcome Reception
- Monday Spouse/Guest Continental Breakfast
- Tuesday Navigating the Islands Party

## OPTIONAL EVENTS - WEDNESDAY, 29 OCTOBER

**Option #1 - ISPE Golf Tournament** - Price: \$195 per person

Name \_\_\_\_\_  
FIRST NAME LAST NAME

Name \_\_\_\_\_  
FIRST NAME LAST NAME

**Optional Club Rental-Pay at the Course** - Price: \$85 per rental

Men's  Right-handed, Qty: \_\_\_\_\_ Women's  Right-handed, Qty: \_\_\_\_\_  
 Left-handed, Qty: \_\_\_\_\_  Left-handed, Qty: \_\_\_\_\_

**Option #2 - Flagler Museum Tour** - Price: \$75 per person

Name \_\_\_\_\_  
FIRST NAME LAST NAME

Name \_\_\_\_\_  
FIRST NAME LAST NAME

**Option #3 - Croquet Tournament** - Price: \$45 per person

Name \_\_\_\_\_  
FIRST NAME LAST NAME

Name \_\_\_\_\_  
FIRST NAME LAST NAME

Please note, you must register for the ISPE Community of Practice (COP) Night events separately at [www.ISPE.org/annualmeeting](http://www.ISPE.org/annualmeeting).

FOR OFFICE USE ONLY

ID # \_\_\_\_\_

TOTAL \_\_\_\_\_

DATE PAID \_\_\_\_\_

## PAYMENT METHOD

Registrations will not be accepted without payment or credit card information. Please contact ISPE regarding wire transfers.

Check # \_\_\_\_\_ enclosed payable to ISPE (must be in US Dollars, drawn on a US bank) in the amount of \$ \_\_\_\_\_

Bill My Credit Card - check type:

VISA  MASTERCARD/EUROCARD  AMEX

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

NAME OF CARDHOLDER (AS IT APPEARS ON CARD) \_\_\_\_\_

CARDHOLDER SIGNATURE \_\_\_\_\_

I plan to stay at the following hotel:

Boca Raton Resort and Club\*

Boca Raton Bridge Hotel\*

Boca Raton Marriott at Boca Center\*

Other \_\_\_\_\_

\*Please submit your hotel reservation form located in the 2008 Annual Meeting Education Brochure with this form.

**Cancellations accepted in writing. Refunds will be given (less \$100 cancellation fee) if received before 28 September. No refunds thereafter.**

**Please send Annual Meeting registration and hotel reservation forms with payment to:**

ISPE Headquarters  
3109 W. Dr. Martin Luther King, Jr. Blvd., Suite 250  
Tampa, FL 33607 USA  
Tel +1-813-960-2105, Fax +1-813-264-2816  
[www.ISPE.org](http://www.ISPE.org)  
FEI #59-2009272