

NEW ORLEANS 2016 CONFERENCE

Hilton French Quarter | March 20th - 23rd

REGISTRATION RATE SCHEDULE

1 Calculate total registration fees according to the rate category:

RATE CATEGORY	FIRST ATTENDEE	SECOND ATTENDEE	THIRD ATTENDEE	FOUR OR MORE	QUANTITY	AMOUNT DUE
Maves user on or before Dec. 31, 2015	\$750	\$700	\$650	\$600		
Maves user on or after Jan. 1, 2016	\$950	\$900	\$850	\$800		
Example: 3 users (from the same company): \$750 (1st) + \$700 (2nd) + \$650 (3rd) = \$2,100 Total						
Family member on or before Dec. 31, 2015	\$300	\$300	\$300	\$300		
Family member on or after Jan. 1, 2016	\$400	\$400	\$400	\$400		
TOTAL DUE						\$

User rates include conference, meals, opening reception, and cocktails.

ATTENDEE DETAILS

2 Please provide contact details for each attendee (family excluded):

First Attendee (Primary Contact):

NAME _____ TITLE _____
 COMPANY _____ EMAIL _____
 ADDRESS _____ PHONE _____
 CITY _____ POSTAL/ZIP _____

Additional Attendees (From Same Company as Primary Contact):

NAME: _____ EMAIL: _____
 NAME: _____ EMAIL: _____
 NAME: _____ EMAIL: _____
 NAME: _____ EMAIL: _____

TERMS AND CONDITIONS

3 Please read the following terms and conditions and provide your signature:

Refunds will not be granted for cancellations made after 02/19/2016. All refunds will be subject to a \$50.00 handling fee. Registration form **and** payment must be received by 12/31/2015 to receive discounted rate.

PRINT NAME _____ SIGNATURE _____
 DATE _____

HOTEL INFORMATION

Hilton New Orleans on St. Charles Avenue

333 St. Charles Avenue • New Orleans, Louisiana 70130 • 504-378-2812 or 800-774-1500

Conference attendees may begin booking by phone or online at:

http://www.hilton.com/en/hi/groups/personalized/M/MSYFQHF-MAB-20160317/index.jhtml?WT.mc_id=POG
 Preferred room rate ends **02/28/2016** or until sold out • Group Name: MABUG Conference • Group Code: MAB
 For more hotel and amenities information, please visit: <http://www.hhneworleansstcharles.com/>

Please make checks payable to **MAVES Users Group**.
 Registration form **and** payment must be received by
 December 31, 2015 to receive discounted rate.

Submit completed registration via:
MAIL: 3731 Finch Rd, Modesto CA 95357
FAX: 209-572-0221 (attn. Michelle Van Artsdalen)
EMAIL: registration@mabug.us

NEW ORLEANS 2016 CONFERENCE

Credit Card Authorization Form

AUTHORIZATION AGREEMENT

I hereby authorize **Maves Advisory Board Users Group** to charge the credit card listed below.

Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement.

ACCOUNT INFORMATION

Cardholder's Name _____

Company Name _____

Billing Address _____

Credit Card Number _____

Expiration Date _____ / _____ (MM/YYYY)

Security Code _____ AMERICAN EXPRESS VISA MASTERCARD

CARDHOLDER SIGNATURE

Cardholder Signature _____ Date _____