

Atlanta Business League

2006 Annual Meeting

REGISTRATION FORM

PLEASE PRINT

Name
Title
Company
Address
City / State / Zip
Phone [] Fax []
E-mail

PAYMENT METHODS

	We will purchase ___ Corporate Table(s) of ten (10) @ \$1000 each
	We will purchase ___ Small Business/ Non-Profit Table(s) of ten (10) at \$750
	We will purchase ___ Reserved Seat(s) at \$100.00 each
	We will purchase ___ Open Seating Ticket(s) at \$75.00 each
	We will participate in product sampling at \$750
	I will purchase ___ Tickets for students at \$75.00 each in the name of our organization
	I cannot attend, but would like to offer our support in the amount of \$_____
	Please charge my account \$ _____ for the Item(s) indicated above.
Check One: []VISA []MC []AMEX []Discover	
Account Number:	Exp. Date: /
Signature:	

RSVP with payment by Friday, November 17, 2006.

Credit Card-FAX Charges to (404) 584-0445, or Send Check made Payable to:

**Atlanta Business League
P.O. 92363,
Atlanta, GA 30314**

NOTE WELL:

**After November 17, 2006, Open Seating is \$100.00; \$125 for Reserved Seats.
No exceptions.**

For more details: www.atlantabusinessleague.org

No Refunds After Thursday, November 16, 2006