



ORDERS
800.733.6786
FAX
812.336.7790

SOLUTION TREE
555 North Morton Street
Bloomington, IN 47404

solution-tree.com

ST INET

Priority Code _____

Event	Dates	Location	Rate Per Person	Number of Registrants	Total
				GRAND TOTAL	\$

REGISTRANT

Name _____
 Position _____
 Organization _____
 Address _____
 City/State/Zip _____
 Daytime Phone _____
 Fax _____
 Email (required) _____

ADDITIONAL REGISTRANTS

Name _____
 Position _____
 Organization _____
 Address _____
 City/State/Zip _____
 Daytime Phone _____
 Fax _____
 Email (required) _____

Name _____
 Position _____
 Organization _____
 Address _____
 City/State/Zip _____
 Daytime Phone _____
 Fax _____
 Email (required) _____

To register a group of 6 or more, visit solution-tree.com/GroupRegistrations for a multiple registration form.

METHOD OF PAYMENT

Registrations will be processed and seats will be held after payment is received.

- Check enclosed (Payable to Solution Tree)
- Purchase Order enclosed (We will process your registration when we receive your official purchase order and completed registration form. All purchase orders must note payment terms of net 30 days from the date of invoice.)
- Visa MasterCard Discover American Express

Card Number _____ Expiration Date _____
 Cardholder Name _____
 Cardholder Signature _____

If you send a substitute, please provide his or her name and email address and send your request to registration@solution-tree.com or fax to 812.336.7790. All cancellations must be in writing and sent to registration@solution-tree.com or faxed to 812.336.7790. Cancellations more than 90 days prior require a \$75 processing fee per person. Cancellations between 10 and 90 days require half of the registration fee per person. There are no refunds for cancellations less than 10 days prior.

BILL TO (if different)

Name _____
 Position _____
 Organization _____
 Address _____
 City/State/Zip _____
 Daytime Phone _____
 Fax _____
 Email (required) _____

Name _____
 Position _____
 Organization _____
 Address _____
 City/State/Zip _____
 Daytime Phone _____
 Fax _____
 Email (required) _____

Name _____
 Position _____
 Organization _____
 Address _____
 City/State/Zip _____
 Daytime Phone _____
 Fax _____
 Email (required) _____

How did you hear about this event?

- Catalog or flyer
 - Print ad
 - Solution Tree website
 - Email
 - Online ad
 - Word of mouth
- Other (please specify): _____