



REGISTRATION FORM

SMART 2012 ANNUAL CONVENTION FEBRUARY 26 - 29, 2012 HOTEL DEL CORONADO SAN DIEGO, CALIFORNIA

PLEASE TYPE OR PRINT information as you want it to appear on your badge. Please photocopy form for additional registrants. Payment must accompany this form!

Company _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ Fax _____ E-mail _____

Person to contact in case of emergency during meeting (Name) _____

Phone _____ Relation to Attendee _____

Rep. full name:		nickname:	
title:		1st conference? <input type="checkbox"/> yes <input type="checkbox"/> no	
e-mail:		golf handicap:	
Spouse full name:		nickname:	
golf handicap:		1st conference? <input type="checkbox"/> yes <input type="checkbox"/> no	

Event	Cost	Rep.	Spouse
Member Representative	\$970	\$	
Additional Member Representative	\$670	\$	
Spouse Registration	\$470		\$
One Day Member Registration - Sunday	\$620	\$	
One Day Member Registration - Monday	\$620	\$	
One Day Member Registration - Tuesday	\$620	\$	
Late Fee (if after 1/25/12)	\$50	\$	\$
Golf - Tuesday, Feb. 28	\$200	\$	\$
FEES DUE FOR EACH ATTENDEE:		\$	\$
Monday Sponsor	\$2,500	\$	
Tuesday Sponsor	\$2,500	\$	
Gala Reception Sponsor	\$500	\$	
Networking Reception Sponsor	\$500	\$	
Monday Lunch Sponsor	\$1,500	\$	
Kick-off Reception Sponsor	\$500	\$	
TOTAL AMOUNT DUE:		\$	

**EARLYBIRD DEADLINE:
JANUARY 25, 2012**

ALL REGISTRATIONS RECEIVED AFTER JANUARY 25 WILL BE CHARGED AN EXTRA \$50 PER REGISTRANT.

Registration Fees: The registration fee covers all business sessions, conference materials and scheduled meal functions.

Cancellation Policy: All cancellations must be in writing. No refunds will be made after January 25, 2012. Cancellations prior to January 25 will be charged a \$50 administrative fee.

Important: If you have a disability or dietary need and require special accommodation in order to fully participate in this event, please check the box on the left. Attach a written description of needs. We can only provide access if we have prior knowledge.

Payment: Check (payable to SMART) VISA MasterCard AmEx

Card # _____

Cardholder Name _____

Cardholder Address (if different from above) _____

Exp. Date _____ Signature _____



RETURN THIS FORM with payment to SMART at:
2105 Laurel Bush Rd., Suite 200
Bel Air, MD 21015
Phone: 443-640-1050
Fax: 443-640-1086