



Building Something Great Together

Registration Form

Please return the completed registration form with payment by mail or fax to:

XCM Solutions, LLC
10 Forbes Road West
Braintree, MA 02184

Fax: 781-303-0155
Phone: 781-356-5152

Firm Name: _____ Firm Number: _____

Contact Name: _____ Contact Phone: _____

Contact Email: _____ Date: _____

Attendee # 1

Name: _____

Title: _____

Email: _____

Phone: _____

Attendee # 2

Name: _____

Title: _____

Email: _____

Phone: _____

Attendee # 3

Name: _____

Title: _____

Email: _____

Phone: _____

Attendee # 4

Name: _____

Title: _____

Email: _____

Phone: _____

Conference Fees

- Two-day User Conference Program Fee (First Attendee): \$520
- Two-day User Conference Program Fee (Each Additional): \$420
- Bookkeeping Workshop: \$80
- Additional Dinner Guest: \$99

| | |
|-------------------------|-------------|
| Attendee #1 Fee: | ___\$520___ |
| No. of Add'l (x \$420): | _____ |
| No. of BKP (x \$80): | _____ |
| Add'l Guests (x \$99): | _____ |
| Total Fee Paid: | _____ |

Payment Information

Check (Make payable to XCM Solutions, LLC and mail with form to the address listed above.)

Visa **MasterCard** **American Express**

Cardholder's Name _____ Card Number _____

Expiration Date _____ V-Code _____

Billing Address _____ City/State/Postal Code _____

Authorized Signature _____ Date _____

Refunds: Full refunds will be issued if written cancellation requests are received prior to 5/17/10. Refunds, less an administration fee of \$100, will be issued on written requests received before 6/1/10. Due to financial obligations incurred, no refunds will be issued on cancellation requests received after 6/1/10. Program "no shows" forfeit their entire registration fee.