



*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.