



REGISTRATION FORM

MARCH 1-3, 2009



BADGE INFORMATION Please print clearly. Incomplete forms will not be processed. Name, title, company and city/state will appear on attendee badges as submitted. Badges will be issued during registration at show site.

Attendee 1: _____ Title: _____

Company/Organization: _____

Mailing Address: _____ City: _____

State/Province: _____ Country: _____ Zip/Postcode: _____

E-mail _____ Phone _____ Fax _____

Attendee 2: _____ Title: _____ E-mail: _____

Attendee 3: _____ Title: _____ E-mail: _____

Attendee 4: _____ Title: _____ E-mail: _____

REGISTRATION PRICING (US dollars, per person)	Early Bird	After Nov. 1	Total Qty.	Total Amount
Conference Pass	\$1,075	\$1,195	_____	\$ _____
Group rate (4+ people from same property)	\$995	\$1,075	_____	\$ _____
Partner ticket for Welcome Reception	\$90	\$90	_____	\$ _____

Total Enclosed \$ _____

- ▲ **Early Bird discount is valid until November 1, 2008. To qualify for the group discount, all registrations and payment must be submitted together. Copy this form if registering more than four people.**
- ▲ **Conference registration price includes admission to all scheduled conference sessions (breakfast and lunch provided on March 2-3) and admission to the official Welcome Reception on March 1, 2009.**
- ▲ **Payment receipt will be emailed to attendees and serve as confirmation. Copy and bring to registration when picking up badges. To check on status of receipt, please call Jo (702) 407-9900.**

PAYMENT: If paying by check, your completed registration form and check must be received together by February 16. After February 16, please pay by credit card via fax, phone or online. Cancellations must be received in writing by February 9 and are subject to a \$100 processing fee. You may substitute another person at any time by submitting written request to jo@worldgameprotection.com. After February 9, registration fees are non-refundable.

REGISTRATION FORMS RECEIVED WITHOUT PAYMENT WILL NOT BE PROCESSED

Check (made payable to World Game Protection, Inc.)

Visa MasterCard American Express

Card Number: _____

Exp Date: _____ / _____

Name (as it appears on card): _____

Cardholders Signature: _____

Card Billing Address: _____

Billing Zip / Postcode: _____

Register by Fax:
(702) 407-9933

Register Online:
<http://www.worldgameprotection.com/register.html>

Register by Mail:
World Game Protection, Inc.
9711 S. Eastern Ave. Suite H5 #265
Las Vegas, NV 89183

For assistance with registration, please contact Jo (702) 407-9900 or email jo@worldgameprotection.com