

# REGISTRATION FORM



**1<sup>st</sup> Annual Gathering of the 60 Summits Project Alliance  
University of Nevada at Las Vegas Alumni Center - November 16-18, 2008**

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|--|---|
| <b>Name &amp; Degrees:</b>                                 |   |
| <b>Title:</b>  |   |
| <b>Profession / Role:</b>                                  |   |
| <b>Organization:</b>                                       |   |
| <b>Address: Street,<br/>City, State, Zip</b>               |   |
| <b>Phone(s):</b>   |   |
| <b>Email(s):</b>   |   |
| <b>Relationship to<br/>60 Summits Project<br/>to date:</b> | <input type="checkbox"/> None yet <input type="checkbox"/> Attended a Summit <input type="checkbox"/> Sponsored a Summit<br><input type="checkbox"/> Past/current member of Summit planning committee OR follow-up action group<br><input type="checkbox"/> Member of the Work Fitness & Disability Roundtable or ACOEM |

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| <input type="checkbox"/> <b>Register an individual participant @ \$400</b> Includes Sunday evening reception, Monday & Tuesday continental breakfast, refreshment breaks, and luncheon, as well as Tuesday evening reception.              |
| <input type="checkbox"/> <b>I qualify for a special registration fee. Promotion code:</b> _____ (60 Summits will verify eligibility.)  |
| <input type="checkbox"/> <b>My organization will sponsor:</b> __\$10,000 gold __\$5,000 silver __\$2,500 bronze __\$1,000 friend<br>Complimentary registrations by level: gold=4, silver=2, bronze=1. Contact Sondra Seay at 727-542-3077. |
| <input type="checkbox"/> <b>My organization wishes to participate as a vendor in the Speed Meetings for Innovators event during the Tuesday evening reception for \$3,000.</b>   |

**If paying by check**, make check payable to "60 Summits Project, Inc." and mail along with this form to:  
60 Summits Project, Inc., 95 Woodridge Road, Wayland, MA 01778

**If paying by credit card**, fill in form below and either **FAX to 877-892-1946** or mail to address above.  
**CALL 877-60SUMMITS (877-607-8664)** to provide card information verbally.

Card Type:  VISA     MasterCard     AmEx

Card Number: \_\_\_\_\_ Exp \_\_\_\_\_ Security Code \_\_\_\_\_

If name on card and billing address are same as above, check here . If not, provide:

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(We regret we cannot provide refunds for confirmed registrations cancelled less than 30 days before the event.)*