

2020 DEMO ANNUAL CONFERENCE

THURSDAY, DECEMBER 10TH – SUNDAY, DECEMBER 13TH

Full Name: _____ (First name for badge) _____
 Company/Organization: _____
 Preferred Mailing Address: _____
 City: _____ State/Province: _____ Zip/Postal Code: _____
 Country: _____ Telephone: (_____) _____ Fax: (_____) _____
 Email: _____
 Guest/Spouse Name: _____ (First name for badge) _____

CONFERENCE FEES

1. Pre-Conference Registration Fees: POSTMARKED & PAID

PLEASE CHECK APPROPRIATE REGISTRATION FEE:	EARLY BIRD RATES JUNE 1 ST – AUG. 31 ST	REGULAR RATES SEPT. 1 ST – NOV. 30 TH	LATE/ON-SITE RATES DEC. 1 ST – DEC. 10 TH
DEMO Member	<input type="checkbox"/> \$50	<input type="checkbox"/> \$75	<input type="checkbox"/> \$100
Non-Member	<input type="checkbox"/> \$100	<input type="checkbox"/> \$125	<input type="checkbox"/> \$150
Guest or Spouse	N/A	N/A	N/A
Pre-Conference TOTAL			\$ _____

2. Registration Fees (All fees listed in U.S. Funds.)

<u>FULL CONFERENCE</u>	Friday – Sunday (Includes all meeting events and meals, EXCEPT Lunch and Dinner on Saturday)		
PLEASE CHECK APPROPRIATE REGISTRATION FEE:	EARLY BIRD RATES JUNE 1 ST – AUG. 31 ST	REGULAR RATES SEPT. 1 ST – NOV. 30 TH	LATE/ON-SITE RATES DEC. 1 ST – DEC. 10 TH
DEMO Member	<input type="checkbox"/> \$500	<input type="checkbox"/> \$550	<input type="checkbox"/> \$600
Non-Member	<input type="checkbox"/> \$600	<input type="checkbox"/> \$650	<input type="checkbox"/> \$700
Guest or Spouse	<input type="checkbox"/> \$100	<input type="checkbox"/> \$125	<input type="checkbox"/> \$150

SINGLE-DAY CONFERENCE

Please indicate which day: **Saturday ONLY** (Includes all meeting events, EXCEPT meals)
 Sunday ONLY (Includes all meetings events and meals)

EARLY BIRD RATES PLEASE CHECK APPROPRIATE REGISTRATION FEE:	JUNE 1 ST – AUG. 31 ST	REGULAR RATES SEPT. 1 ST – NOV. 30 TH	LATE/ON-SITE RATES DEC. 1 ST – DEC. 10 TH
DEMO Member	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300
Non-Member	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350
Guest or Spouse	<input type="checkbox"/> \$100	<input type="checkbox"/> \$125	<input type="checkbox"/> \$150
Conference TOTAL			\$ _____

3. Additional Meals/Activity Fees:

r **Friday** – Columbus Blue Jackets NHL Game, Nationwide Arena @ 7:30PM # _____ x \$50 = \$ _____
 r **Saturday** – Lunch @ 12:00PM # _____ x \$25 = \$ _____
 r **Saturday** – Dinner & Evening Entertainment @ 7:00PM # _____ x \$50 = \$ _____

Vegetarian meals required: Self Guest(s)

Please list any ADA Special Needs: _____

Cancellations/Changes and Refunds: Fees for missed meals, late arrivals, and early departures will not be refunded. Fees will be refunded, less a \$20.00 processing fee, if cancellation or change resulting in a refund is received in writing no later than December 1st, 2020. After that date, fees are non-refundable. All refunds will be processed after the conference. Substitutions are allowed at no charge.

PAYMENT METHOD Check or Money Order must be in U.S. funds payable to: **DEMO**. There will be a \$25.00 fee charged on checks returned by the bank due to insufficient funds. Registration confirmation/receipt and further information will be mailed.

Please check appropriate box: Check Money Order VISA MasterCard **TOTAL AMOUNT DUE** \$ _____

Card #: _____ Expiration Date: _____ Print Cardholder Name: _____

Please mail or fax completed registration form with payment to:

PHONE: (614) 451-5010

FAX: (614) 451-5009

Email: Kaylee@demo.org

Please fax or telephone credit card information.

Do not email credit card information because security cannot be guaranteed.

DEMO Conference

C/O Kaylee Hoffman

425 Metro PI N #400,

Dublin, OH 43017