



# 2018 CMI CONFERENCE

## ARIZONA

OCT. 8<sup>TH</sup> – OCT. 11<sup>TH</sup>

### AFFILIATE MEMBER/EXHIBITOR CONFERENCE REGISTRATION FORM

AFFILIATE MEMBER NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

\*\*PLEASE LIST ABOVE ONLY THE PERSON WHO WILL BE ATTENDING THE CONFERENCE.  
ADDITIONAL CONTACT INFORMATION CAN BE LISTED BELOW.

CONTACT: \_\_\_\_\_

<input type="checkbox"/> RENEW MEMBERSHIP FOR 2017 AND ATTEND WITHOUT A BOOTH	\$1,250.00
<input type="checkbox"/> ATTEND AND EXHIBIT AT THE 2017 CMI CONFERENCE (includes 1 attendee)	\$1,500.00
<input type="checkbox"/> ADDITIONAL STAFF MEMBER _____	\$ 250.00
<input type="checkbox"/> ADDITIONAL STAFF MEMBER _____	\$ 250.00
TOTAL:	\$

INTERESTED IN SPONSORING AN EVENT: \_\_\_ YES \_\_\_ NO

INTERESTED IN PROVIDING RAFFLE PRIZES: \_\_\_ YES \_\_\_ NO PRIZE: \_\_\_\_\_

PAYMENT METHOD:

CHECK# \_\_\_\_\_ CREDIT CARD NO: \_\_\_\_\_ EXP: \_\_\_\_\_ CV2: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PLEASE EMAIL YOUR REGISTRATION TO [CMICJA1994@GMAIL.COM](mailto:CMICJA1994@GMAIL.COM) IF PAYING BY CREDIT CARD  
OR MAIL TO: CMI, 13301 BAILEY BRIDGE RD., MIDLOTHIAN, VA 23112