



2ND ANNUAL NEW YEARS' NETWORKING EXTRAVAGANZA

January 11, 2012 * 4:30 – 6:30 p.m.

Clark County Event Center
17402 NE Delfel Rd. * Ridgefield, WA 98642
360-397-6180

REGISTRATION FORM:

- **\$150.00 per table if your group charges dues or membership fees**
- **\$ 75.00 per table if you have no dues or membership fees**
- **Cloth provided**
- **Electricity available for additional charge**

Networking Group _____

Authorized Representative _____

Phone: () _____ Cell Phone: () _____

Email Address: _____ Number of Tables: _____

Credit Card Authorization Form

Name on Card: _____

Billing Address: _____

Type of Card: VISA Mastercard Discover

(Please note we are unable to accept American Express Cards)

Credit Card Number: _____

Expiration Date: _____ / _____ VID code: _____
(last 3 digits on back of card)

Amount Approved to charge: _____

Signature of Cardholder: _____

(I approve the charges and terms of agreement with the card issuer)

Please fax or email this form to: Matt Ferris
Fax #: (360) 397-6185 Email: matthew.ferris@clark.wa.gov