

# Registration Form

October 29<sup>th</sup> - November 2<sup>nd</sup>, 2009 • Las Vegas, Nevada



Register online and Save \$10 per person for Complete Conference Registrants

Company Name _____		ATRA Account Number _____	
Contact Person: (will receive all correspondence) _____			
Address _____			
City _____	State _____	Zip _____	
Country _____			
Area Code Phone No. ( ) -		Fax No. ( ) -	
Email Address _____			

**TO REGISTER: Call toll free 1-800-428-8489 or FAX this completed form to 805-988-6761**

Badges will be issued from this list. Use a separate sheet for additional registrations.\*

**PLEASE PRINT CLEARLY**

NAME \_\_\_\_\_

NAME \_\_\_\_\_

NAME \_\_\_\_\_

NAME \_\_\_\_\_

NAME \_\_\_\_\_

CONFERENCES*			OTHER CATEGORIES		
<i>(Includes Breakfast and Trade Show)</i>					
Complete Conference	Technical	Management	Trade Show	Breakfast	Golf
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Discount for current ATRA Members only. Join today and enjoy the member discount right away! [www.atra.com/join](http://www.atra.com/join)

REGISTRATION FEES	Qty	Before Sept. 18 <sup>th</sup>		Sept. 19 <sup>th</sup> - Oct. 16 <sup>th</sup>		ALL	SUBTOTAL
		Member	Non Mem	Member	Non Mem	ON-SITE	
Complete Conference Registrant*	_____	\$ 295	\$ 395	\$ 345	\$ 445	\$ 495	\$ _____
Technical or Management Conference*	_____	245	345	295	395	445	\$ _____
Trade Show	_____	10	10	10	10	30	\$ _____
Breakfast (Sunday, November 1 <sup>st</sup> )	_____	45	45	55	55	55	\$ _____
Golf Tournament (Saturday, October 31 <sup>st</sup> )	_____	110	110	125	125	125	\$ _____
Certification Testing (Sunday, November 1 <sup>st</sup> ) FREE	_____	-	-	-	-	-	\$ _____

**\*Conference Registrants may receive Trade Show Passes for spouse and/or children by contacting ATRA Registration at 1-800-428-8489.**

I do **not** wish to receive any advertising or promotional material from Exhibitors.

## PAYMENT INFORMATION

Check enclosed payable and mail to: ATRA, 2400 Latigo Avenue, Oxnard, CA 93030

Charge to:  MasterCard  Visa  AMEX  Discover

Card Number \_\_\_\_\_

Print Name on Card \_\_\_\_\_

Check # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Tear along dotted line and return to ATRA with payment.