

# Registration Form

Please fill out one form for each full attendee. OR, save time by registering & paying online at [www.sima.org](http://www.sima.org).



Sales, Marketing & Business

Name (as it should appear on badge) \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Please indicate any ADA, dietary or other special needs that SIMA should be aware of: \_\_\_\_\_

**Guest Name, as it should appear on badge** (\$200.00 per guest includes welcome reception, all breakfasts & all lunches)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Are any guests under the age of 21?  Yes  No

Are any guests under the age of 18?  Yes  No

If you answered yes to either question please list name of underage guest(s): \_\_\_\_\_

**What area of the snow industry are you representing?**

- landscaping / snow contractor  grounds maintenance
- snow only contractor  manufacturer  sweeper / paver
- municipality/ government  property / facility manager
- other \_\_\_\_\_

**How will you be traveling to this meeting?**

- plane  train  car-solo  carpool
- other \_\_\_\_\_

**How far are you located from this meeting?**

- local – live/work in area  50-100 miles  101-200 miles
- 200-300 miles  300-500 miles  500+ miles

**How did you hear about this meeting?**

- Email from SIMA  direct mailing from SIMA
- SIMA Website  Snow Businessmagazine  Trade Show
- Word of Mouth/Friend  SIMA member
- Another Association  Other publication
- Trade Show/Other \_\_\_\_\_

## FEES:

Your Registration Fee  \$450.00 on or before 8/21  
 \$495.00 after 8/21

Guest Registration Fee – Welcome Reception Only

\$50.00 x \_\_\_ guests= \$ \_\_\_\_\_

Guest Registration Fee – Full

(Reception, Breakfasts & Lunch)

\$200.00 x \_\_\_ guests= \$ \_\_\_\_\_

Samba / The Beatles LOVE Group Outing

\$225.00 x \_\_\_ tickets= \$ \_\_\_\_\_

GRAND TOTAL: \$ \_\_\_\_\_

VISA  ShowMasterCard  AmEx  Discover

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

Exp Date \_\_\_\_\_ CVV Code \_\_\_\_\_

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

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

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_

## HOW TO REGISTER:

Online: visit [www.sima.org](http://www.sima.org).

By Fax: 414-375-1945

By Phone: 414-375-1940

By Mail: SIMA  
7670 N Port Washington Rd, Suite 105  
Milwaukee, WI 53217

## QUESTIONS? 414-375-1940

*If an unfortunate event occurs that prevents you from attending this meeting, please send a replacement. If you prefer a refund:*

*Cancellations prior to August 31, 2009 will receive a full refund, minus \$25 processing fee.*

*Cancellations prior to September 15, 2009 will receive a full refund, minus \$100 processing fee.*

*No refunds will be issued on or after September 15, 2009.*