

SCTE GREAT LAKES CHAPTER

Vendor Fair-Tuesday, April 22nd, 2008 at the "Sheraton Detroit Novi Hotel"

Golf Outing-Wednesday, July 23rd, 2008 at "Hartland Glen Golf Club"

This universal form can be used to register for The Vendor Fair, The Golf Outing or both events together!

Contact & Title: _____ Date: _____

Company Name: _____ Phone: _____

Street Address: _____ Fax: _____

City State Zip: _____ Email: _____

Representatives: (Name and title please for badge identification—REQUIRED!)

1. _____ 2. _____

3. _____ 4. _____

Chapter Gold Sponsor: Add **\$100** late registration fee after April 11th **\$ 500.00** \$ _____

Your Gold Sponsorship Includes the Vendor Fair and the Golf Outing:

One 8 foot Table (w/table cloth); Two lunch tickets for Vendor Fair; Special recognition on all chapter meeting Notices; Hot link on the Great Lakes Chapter Web Site; Golf Outing Sponsorship; one greens fee for our golf outing (a \$65 value) and special recognition on the Golf Sponsor Board!

Vendor Fair Sponsor: Add **\$100** late registration fee after April 11th **\$ 300.00** \$ _____

Reception for Vendors hosted Monday, April 21st, St. Clair Room 5 PM to 11 PM

One 8 foot Table (w/table cloth) and two lunch tickets for Tuesday's Vendor Fair

Email or call Paul Hales immediately for table assignments! Voice: 810-603-0910

These items carry an extra cost:

Electricity limited to outside wall tables @ \$25.00ea \$ _____

Additional Table(s) (w/table cloth) qty _____ @ \$40.00 ea \$ _____

Additional Lunch Tickets qty _____ @ \$30.00 ea \$ _____

* Please include names and titles for additional people!

Voluntary Event Sponsorship: _____ \$ _____

Golf Outing Sponsor: **\$ 300.00** \$ _____

Wednesday, July 23, 2008– Hartland Glen, (\$65 per person greens fees)

Your sponsorship includes one greens fee. Gold Sponsors and Golf Outing Sponsors have the privilege of team sponsorships at reduced rates. Registration cut-off is Friday, July 11, 2008.

Make Check Payable to SCTE Great Lakes Chapter Ck # _____ Ck Amt \$ _____

CREDIT CARD PROCESSING* Master Card Visa AMEX (Circle One)

Paul Hales: paul.hales@digitrace.com

Voice Phone: 810-603-0910

Card No.: _____

Exp. Date: ____ / ____ Phone: (____) ____-____

Cardholder: _____

Signature: _____

*Credit cards cannot be processed without ALL information.

Please email or fax this form to Paul Hales or Lori Tallent at Digitrace (no cover needed!) FAX 810-603-0940

Paying by check, send this form and payment to: SCTE Great Lakes Chapter, P.O. Box 2546, Garden City, MI 48136

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