



**2003 CFDD CONFERENCE WEST
THE TEXAS TWO-STEP: EDUCATION AND NETWORKING
HOLIDAY INN SELECT – DFW AIRPORT SOUTH, IRVING, TX
February 20 – 22, 2003
REGISTRATION FORM**



First Name or Nickname (for first line of badge) _____ Full Name (please include any professional designations) _____

Title _____ Company Name _____

Address _____ City _____ State/Province _____ Zip/Postal Code _____

Telephone _____ Fax _____ E-mail _____

Local CFDD Chapter _____ Current Office Held _____

FIRST TIME ATTENDEE: YES _____ NO _____ DATE OF ARRIVAL: _____ TIME: _____ AM OR PM

Registration Fees (check all that apply)	By January 15	After January 15
Full Delegate (Includes Thursday Continental Breakfast, Lunch, Reception; Friday Continental Breakfast, Lunch, Banquet; and Saturday Breakfast)		
NACM or CFDD Member	\$250.00/ea _____	\$275.00/ea _____
If more than 5 from one company	\$225.00/ea _____	\$250.00/ea _____
Non-NACM or CFDD Member	\$300.00/ea _____	\$325.00/ea _____
Thursday Only Delegate (Includes Continental Breakfast, Lunch, and Reception)	\$125.00/ea _____	\$150.00/ea _____
Friday Only Delegate (Includes Continental Breakfast, Lunch, and Banquet)	\$150.00/ea _____	\$175.00/ea _____
Saturday Only Delegate (Includes Breakfast)	\$ 50.00/ea _____	\$ 50.00/ea _____
Additional Thursday Luncheon Guest Tickets	\$ 20.00/ea _____	\$ 20.00/ea _____
Additional Friday Luncheon Guest Tickets	\$ 20.00/ea _____	\$ 20.00/ea _____
Additional Friday Banquet Guest Tickets	\$ 40.00/ea _____	\$ 40.00/ea _____

TOTAL ENCLOSED _____

Payment Information:
Registration fees may be paid by check, payable to NACM-CFDD or by credit card. Please indicate your payment method below:

_____ My registration fee check, payable to NACM-CFDD is enclosed.

_____ Please charge my registration fee. I have indicated that the total be charged and have completed the information below:

Charge to: _____ Master Card _____ Visa _____ American Express _____ Diners Club

Card Number _____ Expiration Date _____

Print Name (as appears on card) _____ Cardholder's Signature _____

Billing Address (if different from above) _____

3 WAYS TO REGISTER
Registration assistance through NACM – National

Mail: 2003 CFDD West Conference 8840 Columbia 100 Parkway Columbia, MD 21045-2158 410-740-5560	Charge by Fax: 410-740-5574 (Open 24 hours a day include credit card information)	Online: www.nacm.org
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If you have any questions, please call Carol Fowle, Conference Co-Chairman at 972-337-3027 or e-mail at FOWLECAROL@aol.com or Maggie Grisom, Conference Co Chairman at 972-241-0633 or e-mail at Maggie@ccwhole.com.

REFUND POLICY: CANCELLATIONS MUST BE MADE IN WRITING AND RECEIVED NO LATER THAN 2/05/03. NO CANCELLATIONS WILL BE ACCEPTED AFTER 2/05/03.

Accommodations: Holiday Inn Select – DFW Airport South, 4400 West Airport Freeway, Irving, TX 75062 972-399-1010
<http://www.sixcontinentshotels.com/h/d/hisl/hd/dfwso>. Single/Double/Triple/Quad \$69.00. Rate and availability guaranteed through 2/05/03. PLEASE MAKE RESERVATIONS DIRECTLY WITH HOTEL. Transportation details will be included with your Conference Registration Confirmation.