

Book Publishing 2.0

January 16 & 17, 2009

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First Name: _____ Last Name: _____

Company: _____

Title: _____

Phone: _____ Fax: _____

Email: _____

Billing Information

Address: _____

City: _____ State/Province: _____

ZIP/Postal Code: _____ Country: _____

Payment Type: Visa MC AmEx Disc Check

Card Number: _____ Exp: _____

Verification Number: _____ Name on Card: _____

Other Information

Special Dietary Needs: YES NO

If yes, please explain: _____

Trouble with stairways: YES NO Handicap Accessible: YES NO