



Andrews Software, Inc.

# Users Seminar Registration Form

September 14-15, 2010 ■ Cleveland, Ohio

### Registration includes:

- Registration & Conference Materials
- Educational Sessions
- Lunch Tuesday & Wednesday
- Tuesday Evening Event

### Registration fee per attendee:

- \$225.00 On or before August 1<sup>st</sup>
- \$265.00 After August 1<sup>st</sup>

### Please indicate the following events you plan to attend:

*These events are included in registration. We simply need to estimate participation.*

- Tuesday Lunch
- Tuesday Evening Event
- Wednesday Lunch

### To Register:

*Email, fax or mail completed form:*

Email: [2010Seminar@AndrewsSoftware.com](mailto:2010Seminar@AndrewsSoftware.com)

Fax: 1- 440-627-2089

Mail: Andrews Software, Inc.  
6900 W. Snowville Rd.  
Cleveland, OH 44141



### Cancellations:

*Registration cancellations must be received in writing prior to August 1st, 2010 to be eligible for a full refund. A 50% refund will be made available for written cancellations made between August 2nd – August 31st, 2010. Cancellations made after August 31st, 2010 and “no shows” will not be eligible to receive a refund, however substitutions are acceptable.*

### Please register the following person: *Please duplicate for each additional registrant.*

Company Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Nickname for Badge: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip/Postal: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Please indicate payment option below:

VISA       MasterCard       Invoice

Credit Card Number:

\_\_\_\_\_

Cardholder's Name (please Print):

\_\_\_\_\_

Signature:

\_\_\_\_\_

Expiration Date:

\_\_\_\_\_