

MSACL 2014 US – Corporate Workshop Application and Contract

Please submit a separate application for each Workshop Request

Early Bird Date: August 1, 2013

Company:					
Contact Name:	Email:				
Billing Address:	Tel:				
	Fax:				
Workshop Description: You will be notified to submit ONLINE following application acceptance.					
<p>Breakfast Workshops: 7:00 – 8:00 AM Lunch Workshops: 1:00 – 2:00 PM</p> <p>Microphone, projector and screen are included for all corporate workshops.</p> <p>Food may be served in the foyer outside of the presentation rooms during the scheduled time so expect that attendees will be wandering in/out of the room with cutlery and/or food.</p> <p>*Prices listed below as: [EarlyBird Rate] / [After Deadline Rate]</p>	<p>The undersigned makes application for workshop presentation space that, when accepted by MSACL, becomes a contract. All rules and regulations on the MSACL webpage, as well as any amendments published by MSACL, are part of this contract. Failure to abide by such rules and regulations results in forfeiture of monies paid to MSACL under terms of this agreement. Vendors my request that attendees register, but it is NOT REQUIRED. Vendors may, however, provide priority seating to pre-registered workshop attendees if there are issues with space limitations.</p>				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">BREAKFAST Workshop</td> <td style="width: 50%; border: none;">LUNCH Workshop</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> \$1,750 / \$1,750</td> <td style="border: none;"><input type="checkbox"/> \$3,500 / \$4,000</td> </tr> </table>	BREAKFAST Workshop	LUNCH Workshop	<input type="checkbox"/> \$1,750 / \$1,750	<input type="checkbox"/> \$3,500 / \$4,000	<p>Signature/Date: REQUIRED TO SIGN HERE</p>
BREAKFAST Workshop	LUNCH Workshop				
<input type="checkbox"/> \$1,750 / \$1,750	<input type="checkbox"/> \$3,500 / \$4,000				
<p>Preferred Day:</p> <p><input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed</p>	<p>Preferred Day:</p> <p><input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed</p>				
<p>Preferred Room:</p> <p><input type="checkbox"/> Marina 6 (seats 70) <input type="checkbox"/> Seabreeze (seats 70) <input type="checkbox"/> Spinnaker (seats 70)</p>	<p>Preferred Room:</p> <p><input type="checkbox"/> Harbor 1, 2 or 3 (seats 200) <input type="checkbox"/> Marina 6 (seats 70)</p>				
<p>Payment is by Check or Credit Card (CC) or Bank Transfer.</p> <p><input type="checkbox"/> If paying by CC complete Authorization below.</p> <p><input type="checkbox"/> If paying by Check, make payable to "MSACL".</p> <p><input type="checkbox"/> If paying by Bank Transfer, contact Chris Herold (see below).</p> <p><input type="checkbox"/> If part of Corporate Sponsorship Package.</p>					
<p>Amount Authorized: \$ _____ Name on CC: _____</p> <p>Email: _____ Phone: _____</p>					
<p>I authorize MSACL to charge the credit card listed for the amount listed. Signature: SIGN HERE FOR CC Purchase</p>					
<p>CC Authorization: <input type="checkbox"/>MC <input type="checkbox"/>VISA <input type="checkbox"/>AMEX Credit Card #: _____ Exp Date: _____</p>					

Questions: 858-922-5813
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 Email to: chris.herold@msacl.org

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