

MSACL 2015 EU – Corporate Workshop Application and Contract

Please submit a separate application for each Workshop Request

EarlyBird Date: February 6, 2015

Company:	
Contact Name:	Email:
Billing Address:	Tel:
	Fax:
Workshop Description: You will be notified to submit ONLINE following application acceptance.	
<p>AFTERNOON Workshops: 2:30 – 3:30 PM</p> <p>Microphone, projector and screen are included for all corporate workshops.</p> <p>*Prices listed below as: [EarlyBird Rate] / [After EarlyBird 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>
<p style="text-align: center;">AFTERNOON Corporate Workshop</p> <p><input type="checkbox"/> \$4,000 / \$4,500</p> <p><input type="checkbox"/> Part of Corporate Sponsorship Package</p> <p>Preferred Day:</p> <p><input type="checkbox"/> Thu</p> <p><input type="checkbox"/> Fri</p> <p>Preferred Room:</p> <p><input type="checkbox"/> Mozart 1-3 (seats 175)</p> <p><input type="checkbox"/> Mozart 3-4 (seats 125)</p> <p><input type="checkbox"/> Papageno (seats 75)</p> <p><input type="checkbox"/> Paracelsus (seats 40)</p>	<p style="text-align: center;">Signature/Date: REQUIRED TO SIGN HERE [Submission by email constitutes signing]</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, the bank information will be provided on the invoice you receive following submission of this application. .</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>	

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