



Meeting Registration Form February 14, 2012

REGISTRANT INFORMATION:

Name: _____

Title: _____ Phone: _____

Organization: _____ E-mail: _____

Address 1: _____

Address 2: _____ City: _____

State/Province: _____ Zip/Postal Code: _____

REGISTRATION FEES:

LES Member: \$25

Non-Member: \$30

Onsite

LES Member: \$30

Non-Member: \$35

ONLINE REGISTRATION DEADLINE: Thursday, February 9 12 PM

Total Payment: \$ _____

METHOD OF PAYMENT

MasterCard Visa AMEX

Credit Card Number: _____

Name on Card: _____ Exp. Date: _____

Enclosed is my check made payable to the Licensing Executives Society (U.S.A. and Canada), Inc.

Submit completed registration form by email, fax or mail to:

LES Chapters
1800 Diagonal Road, Suite 280
Alexandria, VA 22314
chapters@les.org
Fax: (703) 836-3107