

2010 Conference Registration Form

Please print:

First Name _____ Last Name _____

Title _____ Organization _____

Address _____

City _____ State _____ Zip _____

Country _____ Postal Code _____

Telephone _____ Fax _____

E-mail _____

Registration confirmations will be sent via e-mail, if a unique e-mail address is provided.

Do you want to receive (continue receiving) FREE issues of the TAK-Response e-newsletter? Yes No

TYPE OF COMPANY OR ORGANIZATION

Business functions, product or service the company performs, NOT the industry it targets.

- | | | |
|--|---|--|
| <input type="checkbox"/> 01 Association | <input type="checkbox"/> 07 Government | <input type="checkbox"/> 13 Security |
| <input type="checkbox"/> 02 Education/Training | <input type="checkbox"/> 08 Public Health | <input type="checkbox"/> 14 Pharmaceuticals |
| <input type="checkbox"/> 03 Computer & Software Programs | <input type="checkbox"/> 09 Military | <input type="checkbox"/> 16 Hospital |
| <input type="checkbox"/> 04 Consulting | <input type="checkbox"/> 10 Tactical Gear | <input type="checkbox"/> 17 Prehospital |
| <input type="checkbox"/> 05 Fire Service | <input type="checkbox"/> 11 Apparel | <input type="checkbox"/> 15 Other (describe) _____ |
| <input type="checkbox"/> 06 Law Enforcement | <input type="checkbox"/> 12 Hazmat | |

JOB FUNCTION

- | | | |
|--|--|--|
| <input type="checkbox"/> 01 Chief Officer/Executive Management | <input type="checkbox"/> 05 Staff | <input type="checkbox"/> 10 Registered Nurse |
| <input type="checkbox"/> 02 Manager/Coordinator | <input type="checkbox"/> 06 Educator | <input type="checkbox"/> 11 EMT/Paramedic |
| <input type="checkbox"/> 03 Captains (Fire & Law) | <input type="checkbox"/> 07 Doctor | <input type="checkbox"/> 09 Other (describe) _____ |
| <input type="checkbox"/> 04 Commanders/Team Leaders | <input type="checkbox"/> 08 Line Personnel | |

CONFERENCE FEES

Full conference registration types include access to all Conference Sessions, Exhibition Hall and Coffee Breaks in Exhibition Hall.

- Individual Full Conference**..... \$200
- Association Full Conference**..... \$175
 Association source code _____
 Association source code required to receive discount. Please contact your association for source code.
- Corporate Plan (10 attendees)**..... \$1750
- Corporate Plan (15 attendees)**..... \$2475
- Corporate Plan (20 attendees)**..... \$3000
- Exhibitor Full Conference** \$175
 Also includes Exhibition move-in, move-out, and one hour prior to exhibit hall opening each day
- Single Day Registration**..... \$125
 Wednesday, September 15th
 Thursday, September 16th
- Exhibition Visitor**..... \$15
 Includes access to the Exhibition Hall only (coffee breaks included).
- Pre-Conference Executive Summit**
 Tuesday, September 14..... \$75
 Includes Continental Breakfast.

3 WAYS TO REGISTER:

- FAX: Direct: 918-831-9161 Toll-Free (US Only): 888-299-8057
- Website: www.takresponse.com
- MAIL: PennWell C&E, Registration (TAK-Response), P.O. Box 973059, Dallas, TX 75397-3059

TOTAL PAYMENT DUE

Please add all selections and total here

\$

Cancellations must be received in writing by July 1, 2010, for a refund, minus a \$100 administrative charge. After July 1, 2010, refunds are not available. Substitutions may be made at any time by notifying the registration office in writing.

- Check enclosed (in U.S. funds only, payable to PennWell/TAK-Response)
 Wire transfer (information will be provided on invoice)
 Credit Card:
 Amex Visa MasterCard Discover Diners Club
- Card Number: _____
 Name on Card: _____
 Expiration Date: _____
 Signature: _____