



Enterprise IT Conferences 2008 – Attendee Registration Form

Register early. Attendance will be limited! Please submit a form for each person and fax it with your credit card number, mail it with your check, or register over the phone at 312.527.2800.

- Disaster Recovery & Data Protection Strategies –
- Virtualization – Implementation Strategies –

November 20, 2008
 December 11, 2008

Fee includes luncheon, course notes, and certification of completion

Number of conferences on this form: _____ x **\$199/person/conference** = Total submitted: \$ _____

Payment Information: AMEX VISA MC Company Check

Card# _____ Exp.: _____ Cardholder's name: _____

Please note: Attendance is limited to enterprise IT executives, management and staff in companies with at least 25 employees. Registrants cannot be sales/marketing/business development professionals, or executives, of companies that provide IT products or services to enterprises.

Registrant's Name: _____ Job Title: _____

Company: _____

Business Address: _____ Dept. / Mail Stop: _____

City: _____ State: _____ Zip: _____

Your e-Mail Address: _____

Phone/Ext: _____ Fax: _____

Your company's website: http:// _____

Nature of company's business: _____ Number of employees at your company: _____

Please make checks payable to: CAMP Conferences, Inc., 540 W. Frontage Rd, Suite 2205, Northfield, IL 60093

Phone: 312.527.2800 Fax: 847-881.0747 Federal Tax ID: 36-3513 740 form 2008-w15