



ORDERS
800.733.6786

SOLUTION TREE
555 North Morton Street
Bloomington, IN 47404

SolutionTree.com

Priority Code _____

Event	Dates	Location	Rate Per Person	Number of Registrants	Total
				GRAND TOTAL	\$

REGISTRANT

Name _____
 Position _____
 Organization _____
 Address _____
 City/State/ZIP _____
 Daytime Phone _____
 Fax _____
 Email (required) _____

ADDITIONAL REGISTRANTS

Name _____
 Position _____
 Organization _____
 Address _____
 City/State/ZIP _____
 Daytime Phone _____
 Fax _____
 Email (required) _____

Name _____
 Position _____
 Organization _____
 Address _____
 City/State/ZIP _____
 Daytime Phone _____
 Fax _____
 Email (required) _____

To register a group of 6 or more, visit SolutionTree.com/Register for a multiple registration form.

METHOD OF PAYMENT

Registrations will be processed and seats will be held after payment is received.

- Check enclosed (Payable to Solution Tree)
- Purchase Order enclosed (We will process your registration when we receive your official purchase order and completed registration form. All purchase orders must note payment terms of net 30 days from the date of invoice.)
- Visa MasterCard Discover American Express

Card Number _____ Expiration Date _____

Cardholder Name _____

Cardholder Signature _____

All sales for the virtual events are final. If Solution Tree reschedules a live event, Customer's Event Registrations will automatically apply to the rescheduled event. If Solution Tree changes a live event to a virtual event, Customer's Event Registrations will automatically apply to the virtual event. If Solution Tree cancels a live or virtual event, Customer's Event Registrations will be converted to Portable Event Package.



Event	Dates	Location	Rate Per Person	Number of Registrants	Total
				GRAND TOTAL	\$

REGISTRANT

Name _____
 Position _____
 Organization _____
 Address _____
 City/State/ZIP _____
 Daytime Phone _____
 Fax _____
 Email (required) _____

BILL TO (if different)

Name _____
 Position _____
 Organization _____
 Address _____
 City/State/ZIP _____
 Daytime Phone _____
 Fax _____
 Email (required) _____

ADDITIONAL REGISTRANTS

Name _____
 Position _____
 Organization _____
 Address _____
 City/State/ZIP _____
 Daytime Phone _____
 Fax _____
 Email (required) _____

Name _____
 Position _____
 Organization _____
 Address _____
 City/State/ZIP _____
 Daytime Phone _____
 Fax _____
 Email (required) _____

Name _____
 Position _____
 Organization _____
 Address _____
 City/State/ZIP _____
 Daytime Phone _____
 Fax _____
 Email (required) _____

Name _____
 Position _____
 Organization _____
 Address _____
 City/State/ZIP _____
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