



May 19-20, 2008
Westin Stonebriar Resort
Frisco, TX

Please complete a form for each attendee.

Contact Information:

Name: _____

Company: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

E-mail: _____

Phone: _____

Conference Payment Information:

Registration fee is \$695 per person.

FAX: You may fax your registration form with credit card information to the Aquire offices.
Please send to the attention of Kellie Karl at 214-574-5014.

Credit Card Information:

American Express _____ Visa _____ MasterCard _____ Expiration Date: _____

Card Number: _____

Name as it appears on card: _____

MAIL: Mail registration form with payment to:

Aquire User Conference
Attn: Kellie Karl
5215 North O'Connor Road, Suite 300
Irving, TX 75039