

EXHIBITOR EVENT REGISTRATION FORM

Return to: industry@4wcti.org or 978-524-0461

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE/FAX/EMAIL: _____

1. Gala Dinner Ticket \$100.00 # _____ x \$100.00 = _____

TOTAL AMOUNT DUE: \$ _____

Please charge my registration fees to the following credit card:



PLEASE NOTE: WE DO NOT ACCEPT CREDIT CARD PAYMENT BY EMAIL. PLEASE FAX TO 978.524.0461

Name As It Appears on Credit Card: _____

Billing Address of Card Holder: _____

City: _____ State: _____ Zip: _____

Credit Card #: _____ Expiration Date: _____ / _____

Security Code: _____ (See card images below) Where is your Card Security Code? Your credit card's security code is a 3- or 4- digit number located on its front or back of your credit card



Signature: _____

REFUND POLICY

Credit card transactions made on site can only be reimbursed via check following the WCTI Annual Meeting