



ARTHUR W. PAGE SOCIETY



# 25<sup>th</sup> ANNUAL SPRING SEMINAR

April 8-9, 2010

The Waldorf=Astoria, 301 Park Avenue, New York, NY 10022

### Member

Full Name \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone, Fax \_\_\_\_\_

Email \_\_\_\_\_

Special Dietary Restrictions: \_\_\_\_\_

### Guest (peers and other qualified membership prospects)

Full Name \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone, Fax \_\_\_\_\_

Email \_\_\_\_\_

Special Dietary Restrictions: \_\_\_\_\_

CATEGORY	UP TO MAR 5	AFTER MAR 5
<input type="checkbox"/> Individual Member, Seminar Registration, (Includes 4/8 Dinner)	\$1,095	\$1,195
<input type="checkbox"/> Life Member or Educator Member or Spouse, Seminar Registration (Includes 4/8 Dinner)	\$595	\$650
<input type="checkbox"/> Honorary Member, Seminar Registration, (Includes 4/8 Dinner)	\$0	\$0
<input type="checkbox"/> Guest, Seminar Registration, (Includes 4/8 Dinner)	\$1,295	\$1,495
<input type="checkbox"/> Guest Educator, Seminar Registration, (Includes 4/8 Dinner)	\$695	\$750
<input type="checkbox"/> Individual Member or Spouse, <i>April 8 Dinner Registration Only</i>	\$395	\$395
<input type="checkbox"/> Guest, <i>April 8 Dinner Registration Only</i>	\$595	\$595
<input type="checkbox"/> Honorary Member, <i>April 8 Dinner Registration Only</i>	\$0	\$0
<input type="checkbox"/> <b>Optional Event for Members/Spouses, 4/7 Networking Reception Only, (Note: This event is not included in the seminar registration)</b>	\$100	\$100
<input type="checkbox"/> Honorary Member, Optional Event - 4/7 Networking Reception Only (Note: This event is not included in the seminar registration)	\$0	\$0
<input type="checkbox"/> <b>4/8 Gala Dinner – Table of Ten</b>	\$3500	\$3500

### Payment Method

Check in the amount of \$ \_\_\_\_\_.00 is enclosed.

Credit Card Authorization     MasterCard     VISA     American Express  
(Note: A \$10 handling fee will be added to all credit card charges.)

Credit Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ CVV2 \_\_\_\_\_

Signature \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

### REGISTRATION FEES ARE NOT REFUNDABLE

Fax or mail completed registration form and your payment to:  
Arthur W. Page Society, 317 Madison Avenue, Suite 2320, NY, NY 10017  
Phone: 212-400-7959 Fax: 212-922-9198