



## MEMBERS' REGISTRATION FORM

### Name Tag Information

Please check one of the following:

Mr.  Ms.  Mrs.  Dr.  Other: \_\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company/Organization

\_\_\_\_\_  
Spouse's Name (if attending)

### Registration Information

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Country

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email

### Registration Type

#### **Full Registration for Members**

Thursday, Friday and Saturday (price includes all meals, sessions and gala)

**FEE**

\$650

#### **Full Registration for Spouse**

Thursday, Friday and Saturday (price includes all meals, sessions and gala)

~~\$650~~-(Waived)

#### **Full Registration for Family/ Friends**

Thursday, Friday and Saturday (price includes all meals, sessions and gala)

\$650

Total \$ \_\_\_\_\_

(Price is actual cost; therefore not portion is tax-deductible to the extent permitted by law.)

### Method of Payment

Check Enclosed (Payable to "Committee of 100 Inc." in U.S. funds drawn on a U.S. bank.)

Credit Card:  Amex  Visa  MasterCard

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Exp. Date Month/Year

\_\_\_\_\_  
Print Cardholder Name

\_\_\_\_\_  
Signature

**Please Fax the Complete form by Monday, March 28, 2005 to (212) 371-9009, attention: Kristine Young.  
We encourage you to register as soon as possible.**