



**Managing Partners Summit**  
**September 24 - 25, 2010**

Atlanta, Georgia | The Ritz-Carlton, Buckhead

Please Return Registration Form and Payment To:  
 JHI Headquarters  
 191 Clarksville Road  
 Princeton Junction, NJ  
 08550, USA  
 Phone: +1 609-297-2234  
 Fax: +1 609-799-7032

Firm: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Arrival Time & Flight Information: \_\_\_\_\_

Departure Time & Flight Information: \_\_\_\_\_

Name of Delegate: \_\_\_\_\_ Email: \_\_\_\_\_  
 This is my 1<sup>st</sup> JHI conference

Name of 2<sup>nd</sup> Delegate: \_\_\_\_\_ Email: \_\_\_\_\_  
 This is my 1<sup>st</sup> JHI conference

Please contact JHI at [conferences@jhi.com](mailto:conferences@jhi.com) if any delegates have special requirements (dietary, health, etc.).

**REGISTRATION FEES**

<u>On or Before August 20, 2010</u>	<u>After August 20, 2010</u>
<input type="checkbox"/> Managing Partners Summit \$1250 per delegate	<input type="checkbox"/> Managing Partners Summit \$1450 per delegate
<input type="checkbox"/> **IT Issues for Managing Partners (September 26) \$99 per delegate	<input type="checkbox"/> **IT Issues for Managing Partners (September 26) \$99 per delegate
<b><u>SPECIAL CONFERENCE PACKAGE</u></b>	<b><u>SPECIAL CONFERENCE PACKAGE</u></b>
<input type="checkbox"/> Managing Partners Summit, IT Issues for Managing Partners & IT Conference \$1425	<input type="checkbox"/> Managing Partners Summit, IT Issues for Managing Partners & IT Conference \$1625

Yes, I am attending the IT Issues for Managing Partners and I will be participating in the Disaster Recovery Session on Sunday afternoon from 1pm - 4pm. (This is included in the registration fee for IT Issues for Managing Partners)

\*\*The IT Issues for Managing Partners (September 26) includes breakfast, lunch and sessions on Data Protection and Social Media.

Registration Total .....	\$ _____ USD
Add 4% for credit card payments .....	\$ _____ USD
<b>TOTAL PAID TO JHI .....</b>	<b>\$ _____ USD</b>

**PAYMENT DETAILS**

MasterCard    Visa    American Express    Cheque

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_ By signing, I agree to the cancellation policy below.

**USD Wire Transfer**  
 Beneficiary Name: JHI Association | Beneficiary Address: 191 Clarksville Road, Princeton Junction, NJ, 08550, USA  
 Bank Name: Bank of America | Bank Address: 100 West 33<sup>rd</sup> Street, New York, NY, 10001, USA  
 Account #: 381005877520 | ABA Routing #: 026009593 | Swift Code: BOFAUS3N  
 Cancellation Policy: No refunds will be issued after August 20, 2010.  
 Substitutions are offered at any time. Payments must be made prior to the conference in order to secure registration.