

25% Off Speaker Guest Conference Registration

26TH ANNUAL

ACCM

MAY 4-7, 2009
MORIAL CONVENTION CENTER
NEW ORLEANS, LA

Register & Save Up to 25% Off

Conference Registration

Last Name _____ First Name _____ M _____
 Title _____
 Company* _____
 *Note: If DMA membership is under a different company name, write in both names on company line.
 Address 1 _____
 Address 2 _____
 City _____ State _____ Zip/Postal Code _____
 Country _____
 Country Code _____ City Code _____ Phone _____ Fax _____
 Email _____

*By providing your email address, you grant ACCM permission to contact you via email regarding your registration as well as ACCM updates and/or promotional materials from exhibitors.

Conference Registration Options: Please Note: All Conference registrations include Grand Opening Reception on May 4. Onsite prices will be higher. Conference program and speakers are subject to change.

| | Regular Price | Speaker Guest 25% Off By Feb 27 | Speaker Guest 25% Off After Feb 27 | Onsite |
|---|-------------------------------|---------------------------------------|--|-------------------------------|
| Full Conference + Post Conf Workshops - General (May 4-7) | <input type="radio"/> \$1,795 | <input type="radio"/> \$1,345 | <input type="radio"/> \$1,420 | <input type="radio"/> \$1,995 |
| Full Conference + Post Conf Workshops - DMA Member (May 4-7) | <input type="radio"/> \$1,695 | <input type="radio"/> \$1,270 | <input type="radio"/> \$1,345 | <input type="radio"/> \$1,895 |
| Full Conference - General (May 4-6) | <input type="radio"/> \$1,495 | <input type="radio"/> \$1,120 | <input type="radio"/> \$1,195 | <input type="radio"/> \$1,695 |
| Full Conference - DMA Member (May 4-6) | <input type="radio"/> \$1,395 | <input type="radio"/> \$1,045 | <input type="radio"/> \$1,120 | <input type="radio"/> \$1,595 |
| Two-Day Conference - General (May 5-6) | <input type="radio"/> \$1,295 | <input type="radio"/> \$970 | <input type="radio"/> \$1,045 | <input type="radio"/> \$1,495 |
| Two-Day Conference - DMA Member (May 5-6) | <input type="radio"/> \$1,195 | <input type="radio"/> \$895 | <input type="radio"/> \$970 | <input type="radio"/> \$1,395 |
| Intensive - General (May 4) | <input type="radio"/> \$745 | <input type="radio"/> \$555 | <input type="radio"/> \$595 | <input type="radio"/> \$895 |
| Intensive - DMA Member (May 4) | <input type="radio"/> \$645 | <input type="radio"/> \$480 | <input type="radio"/> \$520 | <input type="radio"/> \$795 |
| Senior Executive Summit (May 5) | <input type="radio"/> NA | <input type="radio"/> NA | <input type="radio"/> NA | <input type="radio"/> NA |
| <i>(Must be registered for Full Conference to participate. Open only to VP and higher titles. Show management reserves the right to deny registrations based on stated criteria.)</i> | | | | |
| Exhibit Hall Only | <input type="radio"/> \$25 | <input type="radio"/> \$25 | <input type="radio"/> \$25 | <input type="radio"/> \$100 |
| Special Event Options: | | | | |
| Power Forum Brunch (May 4) Included w/ Full or Intensive | <input type="radio"/> \$75 | <input type="radio"/> \$75 | <input type="radio"/> \$75 | <input type="radio"/> \$95 |
| Council Reception (May 4) | <input type="radio"/> \$60 | <input type="radio"/> \$60 | <input type="radio"/> \$60 | <input type="radio"/> \$70 |
| Awards Luncheon (May 6) Included w/ Full or Two-Day | <input type="radio"/> \$95 | <input type="radio"/> \$95 | <input type="radio"/> \$95 | <input type="radio"/> \$125 |
| Full Conference Audio Compilation Online | <input type="radio"/> \$199 | <input type="radio"/> \$199 | <input type="radio"/> \$199 | <input type="radio"/> \$199 |
| Full Conference Audio - CD-ROM | <input type="radio"/> \$249 | <input type="radio"/> \$249 | <input type="radio"/> \$249 | <input type="radio"/> \$249 |
| TOTAL: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Payment: Please check choice of payment. Full payment required for registration to be processed.

MasterCard Visa Amex Discover Check (Make payable to ACCM 2009. Include registrant's name on check.)

Card Number _____ Exp. Date _____

Name (as it appears on card) _____

Company Name (if corporate card) _____

Authorized Signature _____

If You Have to Cancel: Cancellations must be sent in writing to ACCM Registration by April 1, 2009 for a full refund minus \$100 processing fee. No refunds will be made after April 1, 2009. Please read the registration, housing and cancellation policies.



How to Register for the Conference

1. Send in your completed registration form along with FULL PAYMENT. You can pay by credit card or company check (payable to ACCM 2009).
2. Register early to save 25% off. Prices increase after February 27, 2009, and onsite prices will be higher. Conference registration fees include conference sessions, exhibits and conference meal functions.
3. Watch your e-mail or mail: A conference registration confirmation will be sent to you.
4. If you have to cancel: Requests for refunds must be made in writing and submitted via fax: (708) 344-4444 or via email: accm@compusystems.com to ACCM Registration Bureau by April 1, 2009, for a full refund minus \$100 processing fee. Substitutions are always welcome in lieu of cancellations. No refunds will be made after April 1, 2009.
5. To transfer or change your registration: Send a written request detailing the changes to the ACCM Registration Bureau by April 11, 2009. After this date, all changes will be handled onsite.

Return your Registration Form to:

ACCM Registration Bureau

PO Box 27152

New York, NY 10087-7152

Fax: 708-344-4444

Email: accm@compusystems.com

Phone: (866)513-0760



Your Profile: PLEASE ANSWER ALL QUESTIONS

1. The audience I market to is: (check one)

- A) Consumer
 B) Business-to-Business
 C) Both
 D) I am a supplier or consultant

2. My title is: (check one)

- A) President (Owner, Partner, CEO)
 B) CMO/COO/CIO
 C) Senior Vice President/VP
 D) Director
 E) Manager
 F) Analyst
 G) Designer/Writer/Artist
 H) Coordinator
 I) Other (please specify) _____

3. The channel I am primarily responsible for is: (check one)

- A) Catalog
 B) E-commerce
 C) Retail
 D) Other (please specify) _____

4. My primary job function is: (check one)

- A) Financial
 B) Marketing
 C) Merchandising
 D) Creative Design/Production
 E) Circulation & List Fulfillment
 F) E-commerce/Web
 G) Operations/Fulfillment
 H) Interactive Marketing (email, SEM, social networking)
 I) Branding

J) Customer Acquisition & Retention

- K) General Management
 L) Database Marketing & Analysis
 M) Retail Management
 N) Sales
 O) Other (please specify) _____

5. How many years have you been in the industry? (check one)

- A) Less than 1 year
 B) 1-5 years
 C) 6-10 years
 D) Over 10 years

6. How many people are employed full-time at your firm? (check one)

- A) Less than 50
 B) 51-100
 C) 101-250
 D) 251-500
 E) 500+

7. What role do you play in the purchase of products? (check one)

- A) Final say
 B) Specify
 C) Recommend
 D) No role

8. Have you attended ACCM in the past? (check one)

- A) Yes
 B) No

9. Your company's annual gross sales: (check one)

- A) under \$5 mil
 B) \$5-25 mil
 C) \$25-50 mil
 D) \$50-100 mil
 E) Over \$100 mil

10. Please choose the Intensive you are most likely to attend:

- A) Business-to-Business
 B) Circulation
 C) Ecommerce Technology
 D) Email Marketing
 E) Merchandising
 F) Mergers & Acquisition
 G) Multichannel Marketing
 H) Online Creative
 I) Print Creative
 J) Search Engine Optimization
 K) Web Analytics

11. Pre-registered attendees' names are published in an official show roster. (Deadline 4/1/09)

- Please do not publish my name in the show roster.

If you need accommodations that meet the regulations of the Americans with Disabilities Act, please indicate need:

Mail: ACCM Registration Bureau
 PO Box 27152
 New York, NY 10087-7152

Fax: (708) 344-4444

Email: accm@compusystems.com

Phone: (866) 513-0760

