

Payment Form
NATISHE 2.0
October 11-13, 2011

Please print or type

Name:
Position:
Agency:
Phone :

Conference fees (includes room, board, and unlimited coffee, tea, soda, and water):
Single Room: \$400

I am submitting payment for the following attendees:

*Note: **each** attendee **must** fill out an individual registration form. This form is to be submitted with payment for one or more attendees.*

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

of Single Rooms x \$400 = \$
Total Payment = \$

Make check or purchase order payable to **Cicatelli Associates Inc.** and send along with this payment form by **September 30, 2011** to:

Cicatelli Associates Inc.
Attention: Christiana Duodu
505 Eighth Avenue, 16th Floor
New York, NY 10018
Fax: 212.629.3321

You can also pay by credit card:

VISA MasterCard Discover Amex
Number: _____
Exp. _____ / _____
Signature _____

No refunds issued after October 7, 2011