



Marco Island,
Florida



Join the
ITAM
Community
at the 2008
Conference
"Beach Bash"



International Association
of Information Technology
Asset Managers, Inc.

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www.iaitam.org

REGISTRANT INFORMATION

IAITAM Member # (if applicable) _____

NAME (First & Last - as it should appear on your badge) _____ Job Title _____

Company _____ Department _____ Phone _____ Fax _____

Address _____ Email _____

City _____ State _____ Zip Code _____ Country _____

IAITAM 2008 Annual Conference & Exhibition Attendee Registration Form

October 15-17, 2008

Membership Type	Conference Only Fee (USD)	Conference plus CSAM/CHAMP Training & Certification Fee (USD)	Conference plus CITAM Training & Certification Fee (USD)
Non-Member	\$1,945	\$4,135	\$5,565
Individual Member	\$1,645	\$3,445	\$4,845
Corporate/Provider Member	\$1,395	\$2,890	\$4,140

I am using this form for the following purpose(s) - please check all that apply:

- IAITAM Annual Conference & Exhibition CHAMP Training plus Certification (Oct. 13-14, 2008)
- CSAM Training plus Certification (Oct. 13-14, 2008) CITAM Training plus Certification (Oct. 20-24, 2008)
- IBPL Advanced Training Course(s) *Additional fee of \$995 per course applies. Full schedule available at www.iaitam.org/Events.htm.

Please specify course(s) to be taken: _____

PRIORITY CODE (if applicable) _____

TOTAL PAYMENT DUE \$ _____

PAYMENT METHOD

- Purchase Order MASTERCARD VISA AMEX DISCOVER
- PO # _____
- Check (make payable to IAITAM) _____
- Check # _____
- Money Order (make payable to IAITAM)
- Card Number _____ Expiration Date _____
- Cardholder Name _____
- Signature _____ Date _____

BILLING ADDRESS (if different than address above)

Street address _____ City, _____ State _____

Street address 2 _____ Zip Code _____ Country _____

**IAITAM 2008 Annual Conference and Exhibition,
Marco Island, FL
October 15 - 17, 2008**

**Optional Training
October 13 - 14 or October 20 - 24, 2008**



**Marco Island,
Florida**

The conference will feature advanced topics for the experienced professional while continuing to offer sessions for those attendees completing their foundational ITAM skills.

Please rank 1, 2 or 3 (1 being the most important, 3 being the least) which topic areas best describe your educational objectives for this conference:

- ___ **Best Practices and Process (Mixed Provider, IAITAM, Fellows and Members)**
- ___ **Case Studies (Real Life Scenarios)**
- ___ **Product and Services (Provider Track)**

Please describe workshops that would be meaningful to you:

Special Meal Requirements: _____

Special Physical Requirements: _____

How did you hear about the conference?

- | | |
|---|---|
| <input type="checkbox"/> IAITAM Sales Representative | <input type="checkbox"/> Advertising |
| <input type="checkbox"/> Direct Mail/Email | <input type="checkbox"/> Trade Show/Other Event |
| <input type="checkbox"/> Internet Search | <input type="checkbox"/> Vendor |
| <input type="checkbox"/> IAITAM Member, if so which member? | _____ |

Please mail the completed form to:

IAITAM
1137 State Route 43
Suffield, Ohio 44260 USA

Or fax to: +1.330.628.3289

**For more information, visit www.aitam.org
or call
+1.866.9IAITAM**

Cancellation Policy: Full conference refunds are available 90 days before the start of the event. From 89 - 61 days prior, 50% of the registration/training fees will be refunded. No refunds will be issued within 60 days of the event.

Your Registration Form must be received/postmarked on or before October 13, 2008 and paid in full. © 2007 International Association of IT Asset Managers, (IAITAM). All trademarks, trade names, service marks and logos referenced herein belong to their respective companies. All monies referenced herein are in U.S. dollars. No one under the age of 21 is permitted at any IAITAM event. IAITAM reserves the right to use all audio, video, and photographic footage from the IAITAM Annual Conference and Exhibition for future IAITAM promotions. **All registrations are accepted based on IAITAM's approval.**



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