

# REGISTRATION FORM

## Personal Information



First Name	Last Name	Job Title/Position	
Company/Organization Name	Division	Industry	
Address	City	State	Postal Code
Phone	Email Address	Preferred First Name on Name Badge	

## Registration Information

Are you a past attendee of APBO?  Yes  No If YES, what year(s) \_\_\_\_\_

How did you learn about APBO 2012?

- Colleague/Friend   
  Email: USC   
  Email: U.S. Com. Service   
  Brochure by Mail   
  Social Media  
 Web Search   
  Print media   
  Other \_\_\_\_\_  
 U.S. Commercial Service Referral (Officer Name) \_\_\_\_\_ Ref. Code \_\_\_\_\_  
 Cooperating Organization Member (Organization) \_\_\_\_\_ Ref. Code \_\_\_\_\_

Do you plan to sign up for *One-on-One Mtgs.* with Senior Commercial Officers?\*  Yes  No

**\*A separate sign-up through the U.S. Commercial Service is required. Instructions will be provided in confirmation e-mail.**

## Conference Fee

- Early Registration: \$875** (\$975 after 3/1/12)   
  **NonProfit/Gov't/Faculty Rate: \$675** (\$775 after 3/1/12)  
 **U.S. Com. Service/Cooperating Organization Referral (ref. code required): \$775** (\$875 after 3/1/12)

*Fee covers conference attendance, continental breakfasts, lunches, breaks, a hosted reception and program materials. Conference attendees are responsible for arranging their own hotel lodging, if necessary.*

## Payment Information

Cardholder's Name	Amount																																
<table border="1"> <tr> <td>Card No.</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Exp. Date</td> <td></td><td></td><td></td><td></td> <td>Security Code</td> <td></td><td></td><td></td><td></td><td></td> </tr> </table>	Card No.																					Exp. Date					Security Code						<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Check Payment Make check payable to: <i>University of Southern California</i>
Card No.																																	
Exp. Date					Security Code																												

Cardholder's Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Registration fee is 100% refundable if cancellation is received by March 9, 2012; thereafter only substitutions will be permitted.*

Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_

Send this form via email [ciber@usc.edu](mailto:ciber@usc.edu) or fax 213-740-8538