**Company:**

*This Word file is “locked” to enable users to* ***use the Tab key*** *to move from field to field. Please complete form, save changes to the file, and return via email. If you prefer to print the form, return it via FAX: 319-354-5157*

*.*

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| --- | --- | --- | --- |
| **Primary registrant** | **Spouse** | **Arrival Date** | **Departure Date** |
|  | 1 |  |  |
|  | *Hotel Preferences*: One Bed Two Beds | | |
| *EMDA will relay your hotel request to the Postcard Inn hotel. Telephone reservation requests will not be accepted by the hotel.*  *All rooms are $389 and are subject to a $40 resort fee, and 12.5% taxes, per room, per night.*  *Cancellations and changes in accommodations should be made directly with the Association office.*  *Your registration confirmation from EMDA also serves as your room confirmation. You will not receive a room confirmation from the hotel.* | | | |

**FEE SCHEDULE:**

**Business Program**: $695 per registrant *[$675 if paid by check]*

*(Includes all business sessions plus Thursday’s Welcome Reception; Breakfast and Reception/Dinner*

*on Friday; Breakfast and the Closing Reception on Saturday.)*

**Social Program**: $495 per spouse *[$475 if paid by check]*

*(Includes: Thursday’s Welcome Reception; Reception/Dinner on Friday; Saturday’s Closing Reception)*

**$****TOTAL FEES to REMIT**

Cash or Check payable to EMDA. Check must be in U.S. funds and drawn on a U.S. bank.

Credit Card\* –[C*redit card information is required to guarantee arrival on the hotel reservation*]

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| CClogo_vertical | Card Number: |
| Expires: |
| CVV Code: |
| Name on Card: |
| Street Address for Card billing: |
| Zip Code: |