**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*

*.*

|  |  |  |  |
| --- | --- | --- | --- |
| **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:       |