



**STRATEGIC REVENUE SUMMIT**  
**A Roadmap to Tomorrow's Revenue Streams**  
**Conference Registration Form**



**March 3 - 5, 2010**  
**Hyatt Regency Grand Cypress, Orlando, Florida**

Company Name: \_\_\_\_\_

**First Registrant Name:** \_\_\_\_\_

Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name on name tag: \_\_\_\_\_ First time attendee:  Yes  No

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_

State or Province: \_\_\_\_\_ Zip or Postal Code: \_\_\_\_\_

**Second Registrant Name:** \_\_\_\_\_

Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name on name tag: \_\_\_\_\_ First time attendee:  Yes  No

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_

State or Province: \_\_\_\_\_ Zip or Postal Code: \_\_\_\_\_

**Please list names and relationships of any additional registrants (spouses, guests, children, etc.).\***  
*Use a separate sheet of paper if necessary.*

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<b>REGISTRATION FEES:</b>	<b><u>Paid By 1/20</u></b>	<b><u>Paid After 1/20</u></b>
<b><u>SNA, SNPA &amp; FPA Member Rates</u></b>		
* Each Registrant	<input type="checkbox"/> \$395	<input type="checkbox"/> \$495
* Guests (Spouses, etc.)	<input type="checkbox"/> \$125	<input type="checkbox"/> \$125
<b><u>Non-Member Rates</u></b>		
* Each Registrant	<input type="checkbox"/> \$750	<input type="checkbox"/> \$850
* Guests (Spouses, etc.)	<input type="checkbox"/> \$125	<input type="checkbox"/> \$125
*Each Guest ( <i>spouses, companions and children</i> ) and Conference Attendee fee includes the Wednesday continental breakfast, lunch and reception, Thursday and Friday continental breakfasts.		

**Please indicate if you are attending one of the Thursday Evening Optional Dinners:**

Hemingway's (*Expensive*) # attending \_\_\_\_\_

White Horse Bar & Grill (*Moderate*) # attending \_\_\_\_\_

A limited number of reservations have been arranged at two restaurants located in the Hyatt Regency Grand Cypress. Conference attendees wishing to participate in this optional dinner will be seated together at the restaurant of their choice. Indicate the number of firm dinner reservations you require for the optional dinners. Restaurants will provide only one bill per table, please be prepared to pay your share when the bill arrives. *Price ranges are moderate to expensive.*

**GRAND TOTAL** \$ \_\_\_\_\_

Please return this completed form along with full payment to:

**Mail** to: SNA, 116 Cass St., Traverse City, MI 49684

**Fax** to (*if paying by credit card*): (231) 932-2985

**Phone** (*with questions or special needs*): (888) 486-2466

**All fees shown are per person and in U.S. dollars.**

- ◆ All fees **must be pre-paid in full** in order to attend.
- ◆ **Canadian members:** Please pay the equivalent U.S. amount.

**All cancellations must be received in writing by February 12, 2010 in order to avoid a \$100 per person cancellation fee. SNA regrets that refunds will not be given for no shows or cancellations after February 25, 2010.**

**ROOM RESERVATIONS: Hyatt Regency Grand Cypress**  
**Phone: (800) 233-1234** - Mention you are attending **Suburban Newspapers of America Conference March 3-5** to receive the \$159 for single or double occupancy, plus \$7 resort fee and tax per night rate. This rate also applies three days prior to and three days following the official conference dates, based on availability.

**Reservations MUST be made by Friday, February 12, 2010 for the SNA discount.**

Visit the SNA website for the most current conference information at [www.suburban-news.org](http://www.suburban-news.org)

**Method of Payment:** \_\_\_\_\_ **Amount:** \$ \_\_\_\_\_

By Check (checks payable to **SNA** in US Dollars.)  
 By Credit Card:  Visa  Mastercard  AMEX  Discover

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
 Authorized Signature: