



BigMachines Annual Customer & Industry Forum
October 24-26, 2010 - Swissotel, Chicago, IL www.bigmachines.com/bigideas

Company Name: _____

Registrant Name: _____ **Phone:** _____

Title: _____ **Email:** _____

Included with Registration. Please Indicate if you will attend:

Sunday Cocktail Reception at Swissotel Monday Night Gala at House of Blues Chicago

BigMachines Admin Certification Testing on Sunday, 5 - 6 PM (Customers & Partners Only) BigMachines Admin Certification Testing on Tuesday, 7 - 8 AM (Customers & Partners Only)

Optional Advanced Admin Training on Wed., Oct. 27th., 8 AM - 4 PM Choose ONE of the following training sessions*:

Advanced Document Engine Training (+\$395) Advanced BML Training (+\$395)

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*** Space is limited for our Advanced Admin Training, so please sign up early. Registrations will be taken on a first come, first serve basis.**

****NOTE:** Registration includes admission to BigIdeas conference sessions, meals and social networking events. This registration fee does not include travel, hotel or optional training classes. Please call the Swissotel Chicago at (312) 565-0565 to book your hotel. We have a limited number of rooms at the discounted rate of \$199/night for a Classic King or Classic Double room. Please book early, and register under Group name = BigMachines to lock in this preferred rate.



Enter Total Number of Registrations: _____

Cost Per Registration: _____ \$699

Enter Total Number of Additional Training Classes: _____

Cost Per Class: _____ \$395

Total Amount to be Billed: _____

Payment Method: (Please check one)

Invoice My Company/ P.O.# Provided

Billing Contact Name: _____

Billing Contact Email: _____

Billing Address: _____

Billing Phone: _____

P.O.#: _____

Signature: _____ Date: _____

Invoice Dispatch Method: Email Print Both

Credit Card

I understand that my credit card will be charged for the options I have selected

Credit Card Type: Master Card Visa American Express

Last 4 Digits of Card Number: _____

(A member of BigMachines' Accounting department will call to verify credit card information)

Expiration date: _____

Cardholder's Name: _____

Billing Address: _____

Billing City/State/Zip: _____

Signature: _____ Date: _____

Please fax completed registration form Accounts Payable at: (847) 282-1662.
For additional information, please contact marketing@bigmachines.com