Association of Rotational Molders International

Western Region Meeting
February 26-27, 2008

Registration Form

Please photocopy as needed for additional registrations.

Please complete this form and return to:
Association of Rotational Molders International
800 Roosevelt Road Building C, Suite 312 Glen Ellyn, IL 60137 USA
Phone: 630-942-6589 Fax: 630-790-3095

Name _____
LAST NAME FULL FIRST NAME NAME FOR BADGE

Spouse _____
LAST NAME FULL FIRST NAME NAME FOR BADGE

Company _____

Address _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____

Email: _____

❑ **ARM International Member** ❑ **Non-Member**

PLEASE CHECK:
❑ Rotomolder ❑ Supplier ❑ Designer
❑ Consultant ❑ Educator ❑ Trade Press
❑ Spouse

	Members	Non-Members*
WESTERN REGION MEETING (US $)	Each Registrant	Each Registrant
Registration	**$150**	**$175**
SPOUSE (US $)	**$50**	**$50**
** Non-members may attend the Regional Meeting one time only*		
MEETING REGISTRATION FEE		**$**
SPOUSE REGISTRATION FEE		**$**
TOTAL DUE (US $ PAYABLE TO ARM)		**$**

Holiday Inn– Buena Park, CA

The Western Region Meeting will take place at the Holiday Inn-Buena Park in California. To make room reservations call 1-800-HOLIDAY or the hotel direct at 714-522-7000.

Method of Payment:
❑ CHECK ENCLOSED (US$) Check #:_____
❑ VISA ❑ MASTERCARD ❑ AMERICAN EXPRESS

_____
Cardholder's Name (Please Print)

_____
Card Number Exp. Date Security Code

_____
Signature required for credit card

_____
Billing Address (If different from above) Zip code