



CSC'S FALL CLIENT CONFERENCE

GAYLORD TEXAN RESORT & CONVENTION CENTER • DALLAS, TEXAS

ACCELERATOR DEVELOPMENT MEETING

November 12-13, 2008 • Gaylord Texan Resort & Convention Center • Dallas, Texas

Fax completed form to Attendee Management Inc. at 877.639.1754.

If you have questions, please contact 877.231.9293.

ACCELERATOR REGISTRATION FEE SCHEDULE

Registration for the Accelerator Development Meeting is offered at no charge. Conference registration closes Friday, October 31. After this date, you will have to register onsite. If you bring a guest, a \$50 spouse/guest registration fee will apply. The guest fee covers admission to the Wednesday evening dinner event but does not include breakfast and lunch functions.

PARTICIPANT PROFILE

Prefix: Mr. Mrs. Ms. Dr. Prof. Suffix (Jr., Sr., etc.): _____
 Legal First Name: _____ Middle Initial: _____ Legal Last Name: _____
 Preferred First Name for Badge: _____ Job Title: _____
 Company Name: _____
 Mailing Information: Home Business
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Province/District: _____ Country: _____
 Business Phone: _____ Mobile Phone: _____
 Fax Number: _____ E-Mail Address: _____

EMERGENCY CONTACT

Full Name: _____ Relationship: _____
 Emergency Phone (day): _____ Emergency Phone (night): _____

ADDITIONAL INFORMATION

Attendee Type:
 Client CSC Employee Event Staff
 Other (please specify): _____

Meal Preference:
 Vegan Vegetarian Low Fat/Low Cholesterol No/Low Carbohydrates
 Low Sodium Other (please specify): _____

Personal Considerations:
 Diabetic Visually Impaired Wheelchair Access Hearing Impaired
 Other (please describe): _____

EVENING ENTERTAINMENT

Wednesday Evening Dinner Will Attend Will Not Attend

HOTEL ACCOMMODATIONS

Hotel rate and availability are guaranteed until the reservation cutoff date of Monday, October 20, 2008 (5:00 p.m. EDT), or until the entire block of rooms has been sold.

Do you need a hotel reservation? No Yes

Rooms at The Gaylord Texan Resort & Convention Center are available at a special conference rate of \$199 per night plus tax, which is currently 15 percent. The total inclusive rate is \$228.85 (including taxes and resort fee). We will work with the hotel to secure our group rate for extended stays before or after the conference. However, this rate will be based on hotel availability.

Arrival Date: Tuesday, 11/11/08 Wednesday, 11/12/08
Departure Date: Wednesday, 11/12/08 Thursday, 11/13/08

Hotel Requests: If you are interested in extending your stay, please note your requested arrival and/or departure dates in the space provided below. You will be notified if your request can be honored.

Arrival Date: _____ Departure Date: _____
Other Requests: _____

GUEST PROFILE

Prefix: Mr. Mrs. Ms. Dr. Prof. Suffix (Jr., Sr., etc.): _____
Legal First Name: _____ Middle Initial: _____ Legal Last Name: _____
Preferred First Name for Badge: _____ E-Mail Address: _____

ADDITIONAL GUEST INFORMATION

Meal Preference: Vegan Vegetarian Low Fat/Low Cholesterol No/Low Carbohydrates
 Low Sodium Other (please specify): _____
Personal Considerations: Diabetic Visually Impaired Wheelchair Access Hearing Impaired
 Other (please describe): _____

EVENING ENTERTAINMENT FOR GUEST

Wednesday Evening Dinner Will Attend Will Not Attend

PAYMENT INFORMATION FOR HOTEL

A credit card is necessary to secure your hotel reservation.

Approved Payment Amount: \$ _____
Credit Card Type: American Express VISA Mastercard Discover
Name as it Appears on Card: _____
Credit Card Number: _____ Expiration: _____
Signature: _____

PAYMENT INFORMATION FOR GUEST FEES

A \$50 spouse/guest registration fee will apply, to cover admission to the Wednesday event dinner. Breakfast and lunch functions are not included in the guest fee. We ask that guests be limited to one adult per attendee.

- Yes, you may use the above card to charge my conference registration fees.
 Do not use the above card for conference fees. Please charge my conference registration fees to the credit card entered below.

Approved Payment Amount: \$50 Guest Fee = \$ _____
Credit Card Type: American Express VISA Mastercard Discover
Name as it Appears on Card: _____
Credit Card Number: _____ Expiration: _____
Signature: _____

CHANGES AND CANCELLATIONS

You can make changes to your conference registration and hotel reservation by contacting Attendee Management Inc. at fallclientconference@attendeenet.com until 5:00 p.m. EDT Friday, October 31. From Saturday, November 1, until the program begins you should contact the hotel directly to make changes to your reservation. After November 1, changes to conference registration must be made onsite.

A \$25 fee will be charged for all guest cancellations. Contact Attendee Management Inc. directly at fallclientconference@attendeenet.com to request a cancellation.

