



**Achievements in PS: Case Studies in  
Applied Innovation  
May 4 – 6, 2008  
Santa Clara, CA**

**Team Discount Registration Form  
Registration Options**

For a Team Discount, there must be four or more from the SAME company and all the registrations must be made at one time in order to qualify for the Team Discount rate. For your convenience you may register for the Summit by one of several ways (Team Discount registration is not available online.):

<b>Mail:</b>	TPSA, Attn: Summit Registrations 11031 Via Frontera, Suite A San Diego, CA 92127	<b>Phone:</b>	858-673-3041
		<b>Fax:</b>	858-946-0005

**Registration Fees:**

**Summit Only Registration Fee: 4 or more registrations from the same company**

<b>Type of Registration</b>	<b>Description</b>	<b>Fee</b>
TPSA Member	Employees of TPSA Member Companies	\$1,995.00
Non-Member	Open to the public	\$2,395.00
Voucher*	See below	Complimentary

A savings of \$200 per registration

**\*Vouchers:**

Enjoy the full benefit of your TPSA membership or exhibition fees by redeeming your vouchers to attend the TPSA Summit. Summit speakers are also given a complimentary voucher to attend the summit. Vouchers cover the cost of attending the Summit and are sent to the primary contact in your company. Please contact us at [info@tpsaonline.com](mailto:info@tpsaonline.com) if you have questions about how to redeem a Summit voucher.

**Cancellation Policy:**

TPSA Summit cancellations received in writing by April 18, 2008 will be fully refunded. No refunds will be given after April 18, 2008.

Prior to the Summit, registrations may be changed or canceled upon written request only. Registration changes or cancellations may be submitted via e-mail to [info@tpsaonline.com](mailto:info@tpsaonline.com), by fax to (858) 946-0005 or by mail to the Technology Professional Services Association, Attn: Summit Registration Cancellation, 11031 Via Frontera, Suite A, San Diego, CA 92127. Telephone cancellations will not be accepted.

All refunds will be processed according to the method of payment. Registrants who elect to cancel their Summit registration are responsible for canceling their own travel and hotel reservations.



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**Registration Options (Continued)**

**Summit Registration Includes:**

<b>Session</b>	<b>Day</b>
Welcome Reception	Sunday evening
Breakfast	Monday and Tuesday
Lunch	Monday and Tuesday
General Sessions	Monday and Tuesday
Breakout Sessions	Monday and Tuesday
Refreshment Breaks	Monday and Tuesday
Cocktail Reception	Monday and Tuesday evening

**Number of Attendees and Cost**

Fees below are for 4 or more registrations from the same company

<b>Attendee/Pass Type*:</b>	<b>Number of Attendees*:</b>	<b>Cost:</b>	<b>Subtotal:</b>
TPSA Member - Summit Only	<input style="width: 150px; height: 20px;" type="text"/>	\$1995.00 each	<input style="width: 150px; height: 20px;" type="text"/>
Non-Member - Summit Only	<input style="width: 150px; height: 20px;" type="text"/>	\$2395.00 each	<input style="width: 150px; height: 20px;" type="text"/>
Voucher - Summit Only	<input style="width: 150px; height: 20px;" type="text"/>	Complimentary	<input style="width: 150px; height: 20px;" type="text"/>
<b>Total Attendees:</b>	<input style="width: 150px; height: 20px;" type="text"/>	<b>Total:</b>	<input style="width: 150px; height: 20px;" type="text"/>

\* - Denotes required field



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Information For Attendee #1

Please fill out a complete attendee information worksheet for each attendee that will be attending the Summit.

First Name\*: \_\_\_\_\_ Last Name\*: \_\_\_\_\_

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

Title\*: \_\_\_\_\_ Phone Number\*: \_\_\_\_\_

Address\*: \_\_\_\_\_

City\*: \_\_\_\_\_ State/Country\*: \_\_\_\_\_ Zip Code\*: \_\_\_\_\_

Email Address\*: \_\_\_\_\_

Level in Organization\*: (Please select one only)

- Level in Organization\*: (Please select one only)
- [ ] CXO (C-level Exec)
- [ ] Vice President
- [ ] Director
- [ ] Manager
- [ ] Individual Contributor

Functional Area\*: (Please select one only)

- Functional Area\*: (Please select one only)
- [ ] Delivery
- [ ] Engineering
- [ ] Executive Management
- [ ] Field Service & Logistics
- [ ] Finance
- [ ] Marketing
- [ ] Operations
- [ ] Partner Management
- [ ] Sales
- [ ] Strategy
- [ ] Training

Special Needs: (i.e. Dietary, Wheelchair access) \_\_\_\_\_

Billing Information\*

[ ] Apply my prepaid voucher: \_\_\_\_\_

[ ] Charge to the following: [ ] MasterCard [ ] Visa [ ] American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on the card: \_\_\_\_\_

Billing address if not the same as above:

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

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

RSVP\*

I will attend the Welcome Reception on Sunday, May 4th: [ ] Yes [ ] No

I will attend the Cocktail Reception on Monday, May 5th: [ ] Yes [ ] No

I will attend the Cocktail Reception on Tuesday, May 6th: [ ] Yes [ ] No

\* - Denotes required field



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**Information For Attendee #2**

Please fill out a complete attendee information worksheet for each attendee that will be attending the Summit.

**First Name\*:** \_\_\_\_\_ **Last Name\*:** \_\_\_\_\_

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

**Title\*:** \_\_\_\_\_ **Phone Number\*:** \_\_\_\_\_

**Address\*:** \_\_\_\_\_

**City\*:** \_\_\_\_\_ **State/Country\*:** \_\_\_\_\_ **Zip Code\*:** \_\_\_\_\_

**Email Address\*:** \_\_\_\_\_

**Level in Organization\*:** (Please select one only)

- CXO (C-level Exec)    Vice President    Director    Manager    Individual Contributor

**Functional Area\*:** (Please select one only)

- Delivery    Engineering    Executive Management    Field Service & Logistics    Finance  
 Marketing    Operations    Partner Management    Sales    Strategy    Training

**Special Needs:** (i.e. Dietary, Wheelchair access) \_\_\_\_\_

\_\_\_\_\_

**Billing Information\***

**Apply my prepaid voucher:** \_\_\_\_\_

**Charge to the following:**    MasterCard    Visa    American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on the card: \_\_\_\_\_

Billing address if not the same as above:

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

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

**RSVP\***

I will attend the Welcome Reception on Sunday, May 4th:    Yes    No

I will attend the Cocktail Reception on Monday, May 5th:    Yes    No

I will attend the Cocktail Reception on Tuesday, May 6th:    Yes    No

\* - Denotes required field



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**Information For Attendee #3**

Please fill out a complete attendee information worksheet for each attendee that will be attending the Summit.

**First Name\*:** \_\_\_\_\_ **Last Name\*:** \_\_\_\_\_

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

**Title\*:** \_\_\_\_\_ **Phone Number\*:** \_\_\_\_\_

**Address\*:** \_\_\_\_\_

**City\*:** \_\_\_\_\_ **State/Country\*:** \_\_\_\_\_ **Zip Code\*:** \_\_\_\_\_

**Email Address\*:** \_\_\_\_\_

**Level in Organization\*:** (Please select one only)

- CXO (C-level Exec)    Vice President    Director    Manager    Individual Contributor

**Functional Area\*:** (Please select one only)

- Delivery    Engineering    Executive Management    Field Service & Logistics    Finance  
 Marketing    Operations    Partner Management    Sales    Strategy    Training

**Special Needs:** (i.e. Dietary, Wheelchair access) \_\_\_\_\_

\_\_\_\_\_

**Billing Information\***

**Apply my prepaid voucher:** \_\_\_\_\_

**Charge to the following:**    MasterCard    Visa    American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on the card: \_\_\_\_\_

Billing address if not the same as above:

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

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

**RSVP\***

I will attend the Welcome Reception on Sunday, May 4th:    Yes    No

I will attend the Cocktail Reception on Monday, May 5th:    Yes    No

I will attend the Cocktail Reception on Tuesday, May 6th:    Yes    No

\* - Denotes required field



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**Information For Attendee #4**

Please fill out a complete attendee information worksheet for each attendee that will be attending the Summit.

**First Name\*:** \_\_\_\_\_ **Last Name\*:** \_\_\_\_\_

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

**Title\*:** \_\_\_\_\_ **Phone Number\*:** \_\_\_\_\_

**Address\*:** \_\_\_\_\_

**City\*:** \_\_\_\_\_ **State/Country\*:** \_\_\_\_\_ **Zip Code\*:** \_\_\_\_\_

**Email Address\*:** \_\_\_\_\_

**Level in Organization\*:** (Please select one only)

- CXO (C-level Exec)    Vice President    Director    Manager    Individual Contributor

**Functional Area\*:** (Please select one only)

- Delivery    Engineering    Executive Management    Field Service & Logistics    Finance  
 Marketing    Operations    Partner Management    Sales    Strategy    Training

**Special Needs:** (i.e. Dietary, Wheelchair access) \_\_\_\_\_

\_\_\_\_\_

**Billing Information\***

**Apply my prepaid voucher:** \_\_\_\_\_

**Charge to the following:**    MasterCard    Visa    American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on the card: \_\_\_\_\_

Billing address if not the same as above:

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

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

**RSVP\***

I will attend the Welcome Reception on Sunday, May 4th:    Yes    No

I will attend the Cocktail Reception on Monday, May 5th:    Yes    No

I will attend the Cocktail Reception on Tuesday, May 6th:    Yes    No

\* - Denotes required field



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Information For Attendee #5

Please fill out a complete attendee information worksheet for each attendee that will be attending the Summit.

First Name\*: \_\_\_\_\_ Last Name\*: \_\_\_\_\_

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

Title\*: \_\_\_\_\_ Phone Number\*: \_\_\_\_\_

Address\*: \_\_\_\_\_

City\*: \_\_\_\_\_ State/Country\*: \_\_\_\_\_ Zip Code\*: \_\_\_\_\_

Email Address\*: \_\_\_\_\_

Level in Organization\*: (Please select one only)

- Level in Organization options: CXO, Vice President, Director, Manager, Individual Contributor

Functional Area\*: (Please select one only)

- Functional Area options: Delivery, Engineering, Executive Management, Field Service & Logistics, Finance, Marketing, Operations, Partner Management, Sales, Strategy, Training

Special Needs: (i.e. Dietary, Wheelchair access) \_\_\_\_\_

Billing Information\*

Apply my prepaid voucher: \_\_\_\_\_

Charge to the following: MasterCard Visa American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on the card: \_\_\_\_\_

Billing address if not the same as above:

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

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

RSVP\*

I will attend the Welcome Reception on Sunday, May 4th: Yes No

I will attend the Cocktail Reception on Monday, May 5th: Yes No

I will attend the Cocktail Reception on Tuesday, May 6th: Yes No

\* - Denotes required field