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Registration Senior Industry Networking Event – Atlanta 2024

Name of Business	
Business Category	
Address	
Telephone	email
Name 1	
Name 2	
Name 3	
Name 4	
Please reserve my	participation at the following date:
Atlanta * August 26	, 2024 * Hilton Hotel - Midtown * 6 pm to 10 pm
Event includes:	
 Food and Be 	everages
Cash bar	
 Prize Giveav 	vays
Names and	contact list of all event attendees
FEE :Individu	al Attendee[s] @ \$59.00 per person = \$
I OUALIFY FOR	R THE FREE BONUS – I am registering within 5 days of receiving the event invitation. I will
	full-page ad in the upcoming Seniors Resource Directory which is mailed to 10,000 senior
households in my a	rea.
/debit card please f	ned form and fee [payable to RJW] to the accounting address above or if payment by credit ill out the section below and scan and email this signed form to mmunications.com or fax to 1-888-263-4440
	d Authorization [We can also send a secure payment link upon request via email] redit card below ONE TIME ONLY in the amount of \$
Card Number	Expiration Date
CVS [Security Code]	Zip Code Credit Card Bill Is Mailed To:
Authorized by:	Date
AUTHORIZED DV.	Date