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Registration Senior Industry Networking Event – Louisville 2024

| Name of Business | |
|----------------------------------|---|
| Business Category | |
| Address | |
| Telephone | email |
| Name 1 | |
| Name 2 | |
| Name 3 | |
| Name 4 | |
| Please reserve my p | articipation at the following date: |
| Louisville * August 2 | 6, 2024 * Hyatt Regency Louisville * 6 pm to 10 pm |
| Event includes: | |
| Food and Bev | verages |
| Cash bar | |
| Prize Giveaw | • |
| Names and c | ontact list of all event attendees |
| FEE :Individua | Attendee[s] @ \$59.00 per person = \$ |
| I OLIALIEY FOR | THE FREE BONUS – I am registering within 5 days of receiving the event invitation. I will |
| | Il-page ad in the upcoming Seniors Resource Directory which is mailed to 10,000 senior |
| households in my ar | |
| /debit card please fil | ed form and fee [payable to RJW] to the accounting address above or if payment by credit lout the section below and scan and email this signed form to munications.com or fax to 1-888-263-4440 |
| | Authorization [We can also send a secure payment link upon request via email] edit 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 |