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	Registration Senior Industry Networking Event – Cleveland 2024	
Name of Business Business Category Address		
Telephone Name 1 Name 2 Name 3	email	
Name 4		
Please reserve my p	participation at the following date:	
Cleveland * August	26, 2024 * Hyatt Regency Cleveland at the Arcade * 6 pm to 10 pm	
 Food and Be Cash bar Prize Giveaw Names and of 		
FEE :Individua	al Attendee[s] @ \$59.00 per person = \$	
	R THE FREE BONUS – I am registering within 5 days of receiving the event invitatio full-page ad in the upcoming Seniors Resource Directory which is mailed to $10,000$ area.	
/debit card please f	ned form and fee [payable to RJW] to the accounting address above or if payment fill out the section below and scan and email this signed form to mmunications.com or fax to 1-888-263-4440	: by credit
	d Authorization [We can also send a secure payment link upon request via emai credit card below ONE TIME ONLY in the amount of \$	l]
Card Number	Expiration Date	
CVS [Security Code]] Zip Code Credit Card Bill Is Mailed To:	

Date_____

Authorized by: