



Choose your Conference Package:

(All Conference packages include admission to the expo hall)

Through October 13 After October 13

Full Conference Pass \$795 \$895
(Oct. 24-25, 2006)

One Day Conference \$495 \$595

Specify One Day: Tuesday Wednesday

Please fill out form completely and mail or fax with payment to the address below.

Registration Department
Phone: (203)295-0050
Fax: (203)286-1010

YOUR INFORMATION

First Name:

Last Name:

Corporate Title:

Company Name:

Street Address:

City: State/Prov:

Zip/ Postal Code: Country:

E-mail Address:

*Providing your e-mail address to us indicates that you may be interested in receiving future e-mail promotions about other Incisive Events.

Check to opt-out

Tel: Fax

Incisive Interactive Marketing LLC reserves the right to make changes to the events program. Unforeseen circumstances may result in the substitution of a presentation, topic or speaker. You consent to Incisive Interactive Marketing LLC recording and/or photographing the event and using such items, including your likeness, in future promotions.

Incisive Interactive Marketing LLC reserves the right to reflect or rescind any registration and return any fees accordingly. Registrant assumes all risks incidental to participation in all event activities, including loss or damage to property. Incisive Interactive Marketing LLC's total liability shall be limited to the amount of fees received, if any, from a particular registrant.

QUESTIONNAIRE

A) What is your company's primary business?

- 1) Advertising/Marketing
2) Banking/Insurance/Finance
3) IT Consulting
4) Wholesale/Retail
5) Media
6) Telecom/Datacom/ISP
7) Health Care/Biotech
8) Government
9) Web Hosting/Data Centers
10) Entertainment
11) Education
12) Professional Services
13) Manufacturing
14) Travel/Hospitality
15) Software Development/ASP
16) Other

B) How many people are employed by your company?

- 1) 20,000 or more
2) 10,000-19,999
3) 5,000-9,999
4) 1,000-4,999
5) 100-999
6) Fewer than 100

C) What is your level of influence over IT purchases?

- 1) Purchase
2) Authorize
3) Recommend
4) Specify
5) No Influence
6) N/A

D) How did you hear about this event?

- 1) Attended Previous Event
2) Brochure/Direct Mail
3) Email Newsletter
4) Magazine Advertisement
5) Website Advertisement
6) Word of Mouth
7) Other

PAYMENT INFORMATION

Card Holder's Name:

Credit Card Type:

Credit Card Number:

Month/Year card expires:

Other:

NOTE: REGISTRATION FORM AND PAYMENT MUST BE RECEIVED TOGETHER TO BE PROCESSED.

Cancellations and Substitutions

If you must cancel for any reason, notify our registration department in writing by fax (203) 286-1010 or email registration@incisivemedia.com by September 29, 2006. Your registration will be refunded less a \$100.00 processing fee. Cancellations after September 29, 2006 are non-refundable. You may transfer your registration to another person at anytime by providing written authorization.

How did you hear about us?:

If other:

Priority Code:

Mail your completed registration form with payment to (checks payable to Incisive Interactive Marketing LLC); Incisive Interactive Marketing LLC, Attn: Accounts Receivable, 270 Lafayette Street., Suite 700, New York, NY. 10012