

**Mail:** DMA Registration & Housing Bureau  
P.O. Box 27152  
New York, NY 10087-7152

**Fax:** 708.344.4444  
**Email:** dma10@compusystems.com  
**For questions call:** 866.486.0734

DMA Customer ID # \_\_\_\_\_ Email \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI. \_\_\_\_\_

Title \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

PRICING	
Pre-Conference, Conference & Exhibition , Post-Conference	<input type="checkbox"/> \$1,440
Pre-Conference, Conference & Exhibition	<input type="checkbox"/> \$1,280
Post-Conference, Conference & Exhibition	<input type="checkbox"/> \$1,280
Conference & Exhibition Only	<input type="checkbox"/> \$1,120
Pre-Conference Only	<input type="checkbox"/> \$499
Post-Conference Only	<input type="checkbox"/> \$499
Conference Daily Rate	<input type="checkbox"/> \$699
Non-profit Day Only (Monday October 11)	<input type="checkbox"/> \$699
<b>ECHO Day Only (Tuesday, October 12)</b>	<input type="checkbox"/> <b>\$699</b>
ECHO Gala (Tuesday, October 12)	<input type="checkbox"/> \$299
<b>TOTAL Conference Registration Fee</b>	<b>\$ _____</b>

**CHOICE OF PAYMENT** (Registration fees will be charged to your credit card upon receipt of your registration form.)

American Express  MasterCard  Visa  Discover Card

Bank Transfer (Please attach copy)  Check # \_\_\_\_\_ (Payable to DMA)

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name of Cardholder (as it appears on card) \_\_\_\_\_

Company Name (as it appears on card) \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

**DEMOGRAPHIC INFORMATION**

**1. My job title is:**

- President/CEO/Chairman (A1)  Manager/Account Executive (A5)  
 Sr. or Executive Vice President (A2)  Educator/Professor/Teacher (A6)  
 Vice President (A3)  Staff (A7)  
 Director (A4)  Other (A8)

**2. My primary job function is:**

- Acct Management/Client SVS (B1)  Information Technology (B22)  
 Advertising (B2)  Internet/Electronic Media (B23)  
 Analysis (B3)  Legal (B24)  
 Business Planning/Development (B4)  List Management (B25)  
 Cataloger (B5)  Marketing (B26)  
 Circulation (B6)  Merchandising (B27)  
 Communications/Public Relations (B7)  Operations/Facilities (B28)  
 Consultant/Freelancer (B8)  Privacy (B30)  
 Copywriter/Editorial (B9)  Product/Brand Management (B40)  
 Creative Design (B10)  Production/Purchasing (B41)  
 Customer Service (B11)  Project Management (B42)  
 Database Marketing (B12)  Research (B43)  
 Direct Mail (B13)  Sales/Support (B44)  
 E-commerce (B14)  Search Marketing (B48)  
 Educational/Training (B15)  Telecommunications (B45)  
 Email (B16)  Teleservices (B46)  
 Finance/Budget/Accounting (B17)  Other (B47)  
 Fulfillment/Warehouse (B18)  
 General Management (B19)  
 Government Affairs (B20)  
 Human Resources/Training (B21)

**3. What is your company's projected marketing expenditure for the next 12 months?**

- \$0 - \$99,999 (C1)  \$1,000,000 - \$4,999,999 (C4)  
 \$100,000 - \$499,999 (C2)  \$5,000,000 - \$9,999,999 (C5)  
 \$500,000 - \$999,999 (C3)  \$10,000,000+ (C6)

**4. What role do you play in the purchasing of marketing products and/or services?**

- Final Say (D1)  Specify (D2)  Recommend (D3)  No Role (D4)

**5. What is the primary activity that best describes your firm?**


- Agencies (E1)  Financial Services (E5)  Publishing (E9)  
 Business-to-Business (E2)  Internet (E6)  Teleservices (E10)  
 Catalog/Mail Order (E3)  List/Database (E7)  Other (E11)  
 Consumer Products/SVS (E4)  Nonprofit (E8)

**6. In what capacity do you support the marketing process?**

- As a supplier of marketing products and/or services  
 As a user of marketing products and/or services

**7. Have you attended a DMA annual conference in the past?**

- Yes  No

 Check here if you have any special requests (which need to meet the Americans with Disabilities Act, dietary requirement, or otherwise). We will contact you.

Please do not include my name in Conference collateral.