





# Registration Form continued

**2010 ETA Strategic Leadership Forum**  
**October 26-28, 2010**  
**The Breakers • Palm Beach, FL**

## V. ATTENDEE PROFILE

Please complete the following demographic information:

**Your primary job function within corporate management** (check one):

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Advertising          | <input type="checkbox"/> General Office Management      | <input type="checkbox"/> Media               | <input type="checkbox"/> Risk Management        |
| <input type="checkbox"/> Business Development | <input type="checkbox"/> Gift/Loyalty Programs          | <input type="checkbox"/> Meetings            | <input type="checkbox"/> Sales                  |
| <input type="checkbox"/> Client Relations     | <input type="checkbox"/> Government Affairs             | <input type="checkbox"/> Merchant Relations  | <input type="checkbox"/> Strategic Planning     |
| <input type="checkbox"/> Communications/PR    | <input type="checkbox"/> Human Resources                | <input type="checkbox"/> Operations          | <input type="checkbox"/> Technology             |
| <input type="checkbox"/> Consultant           | <input type="checkbox"/> International/Global Relations | <input type="checkbox"/> Partner Programs    | <input type="checkbox"/> Training & Development |
| <input type="checkbox"/> Distribution         | <input type="checkbox"/> Legal                          | <input type="checkbox"/> Product Development | <input type="checkbox"/> Other (specify):       |
| <input type="checkbox"/> Finance/Accounting   | <input type="checkbox"/> Marketing                      | <input type="checkbox"/> Research            | _____   |

**Position/level within your company** (check one):

- |   |   |                                    |  |
|---|---|------------------------------------|--|
| <input type="checkbox"/> Chief Executive Officer  | <input type="checkbox"/> Director                 | <input type="checkbox"/> Owner     | <input type="checkbox"/> Senior Vice President |
| <input type="checkbox"/> Chief Financial Officer  | <input type="checkbox"/> Executive Vice President | <input type="checkbox"/> Partner   | <input type="checkbox"/> Vice President        |
| <input type="checkbox"/> Chief Operating Officer  | <input type="checkbox"/> General Manager          | <input type="checkbox"/> President | <input type="checkbox"/> Staff                 |
| <input type="checkbox"/> Chief Technology Officer | <input type="checkbox"/> Manager                  | <input type="checkbox"/> Principal | <input type="checkbox"/> Other (specify):      |
- \_\_\_\_\_

**Your primary business** (check one):

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> ATM                | <input type="checkbox"/> Consulting                    | <input type="checkbox"/> Sponsor ISOs               | <input type="checkbox"/> Smart Cards            |
| <input type="checkbox"/> Banking/Finance    | <input type="checkbox"/> Electronic Payment Processing | <input type="checkbox"/> Legal                      | <input type="checkbox"/> Training and Education |
| <input type="checkbox"/> Card Association   | <input type="checkbox"/> Insurance                     | <input type="checkbox"/> Marketing/Public Relations | <input type="checkbox"/> Other (specify):       |
| <input type="checkbox"/> Check Guarantee    | <input type="checkbox"/> ISO                           | <input type="checkbox"/> POS Equipment              | _____   |
| <input type="checkbox"/> Computer Equipment | <input type="checkbox"/> ISP/ASP                       | <input type="checkbox"/> Software                   |   |

**Employees in your company:**

- 1-10                     
  11-50                     
  51-200                     
  201-1,000                     
  1,001-2,500+

## VI. PAYMENT INFORMATION

**Registrations will not be processed without full payment.**

- CHECK ENCLOSED (Payable in U.S. funds to Electronic Transactions Association)
- PROVIDE CREDIT CARD NO. OVER THE PHONE (703) 964-1240, ext.18 or (866) ETA-MEET ext. 18

**PLEASE RETURN THIS FORM TO:**

ETA 2010 SLF Registration  
 PO Box 630565  
 Baltimore, MD 21263-0565  
 1 (866) 343-9128 fax

**QUESTIONS?**

Contact the Registration Department at 1 (866) ETA-MEET or Registration@electran.org.

- **Cancellation Policy:** Written notice of cancellation received by ETA headquarters on or before October 1, 2010 will result in a refund of fees paid less a \$50 processing fee. Please submit cancellation requests to: Registration@electran.org. There will be no refunds for cancellations received after October 1, 2010. Substitutions are encouraged and should be submitted to Registration@electran.org. Please include the original attendee's name and the substitute's full contact information. No-shows are non-refundable.
- **Program Cancellation:** In the unlikely event of program or special event cancellation, ETA will refund 100 percent of registration fees paid. ETA assumes no liability for any penalty fees on airline tickets, deposits for hotel accommodations, or any other fees, charges, penalties or other incidental costs that a registrant might incur as a consequence of a program cancellation.
- **Name Badges:** All registrants will be provided a name badge for use during the meeting. For security purposes, you will be required to wear your name badge at all times in ETA's meeting space. Individuals without a visible name badge will not be permitted into the meeting's areas.
- **Americans with Disabilities Act and Special Dietary Needs:** In accordance with the Americans with Disabilities Act, ETA uses only facilities that are in compliance. Attendees with special needs for facilities, visual or audio aids, or dietary requirements are asked to call 1 (866) ETA-MEET, ext. 18 or Registration@electran.org so that appropriate arrangements can be made.
- **NO AUDIO OR VIDEO TAPING OF THE PROGRAM PERMITTED.**



# Golf Tournament Registration Form

**Wednesday October 27, 2010**  
**The Breakers Palm Beach Ocean Course • Palm Beach, FL**  
Sponsored by: **SecurityMetrics**

2:00 PM Tee Time • The Breakers Palm Beach Ocean Course • [www.thebreakers.com/golf/oceangolf](http://www.thebreakers.com/golf/oceangolf)  
Registration Deadline: October 13  
Participants must be registered meeting attendees and must pay the additional \$90 tournament fee

Name \_\_\_\_\_

Company \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

## PLEASE COMPLETE THE FOLLOWING INFORMATION

### Your Experience/Handicap Rating (Please choose one)

- A (0-10)     B (11-16)     C (17-22)     D (23-Beginner)

### Foursome Request

In an effort to make the tournament fun and fair, it is requested that when arranging your foursomes, you adhere to the following policy. All teams should have an A, B, C and D player. All other foursomes will be set that way and arranged by ETA headquarters.

- I would like to play with the following individuals:

1. Name \_\_\_\_\_ Company \_\_\_\_\_

2. Name \_\_\_\_\_ Company \_\_\_\_\_

3. Name \_\_\_\_\_ Company \_\_\_\_\_

This DOES NOT register an individual to play unless a form is completed and payment received for the individuals you note. You are responsible for confirming your foursome with the other players. It is best that all four players denote the same foursome. ETA will then try to comply with your request as best as possible. ETA does not guarantee foursomes.

- Please assign me to a foursome. Indicate any companies or persons you DO or DO NOT want to be paired with:

Name \_\_\_\_\_ Company \_\_\_\_\_

### RENTAL CLUBS NEEDED?

Please contact The Breakers Ocean Course pro shop at (561) 659-8466, press 1 then dial extension 7318.