

| Casino Marketing Conference and Player Development Summit - Register online at www.casinomarketing2008.com | | | | | | | |
|---|--------|--------------------------------|--|--------|--------------------------------|---|--------------------------------|
| Casino Marketing 7/22-7/24/08 | | | Player Development 7/22/08 | | | Combo Rate (Casino Marketing and Player Development) | |
| | \$999 | Early Registration (by Jun 20) | | \$499 | Early Registration (by Jun 20) | | |
| | \$1099 | Regular Registration | | \$549 | Regular Registration | \$1348 | Early Registration (by Jun 20) |
| | \$899 | Group Rate (5 or more) | | \$399 | Group Rate (5 or more) | \$1448 | Regular Registration |
| Raving's Cutting Edge Table Games 9/14-9/16/08 | | | Raving's 11th Indian Gaming National Marketing Conference 10/15-10/17/08 | | | Raving's Cutting Edge Player Development: Building A Better Host Department 12/8-12/11/08 | |
| | \$1099 | Early Registration (by Aug 14) | | \$1099 | Early Registration (by Sep 15) | \$1499 | Early Registration (by Nov 10) |
| | \$1199 | Regular Registration | | \$1199 | Regular Registration | \$1599 | Regular Registration |
| | \$999 | Group Rate | | \$999 | Group Rate | \$1399 | Group Rate |

All prices are per person unless noted.

To qualify for Group or Corporate rates, all registrations must arrive together. If registering for more than one conference, photocopy this form.

Company _____ Promotion Code

Address _____ City _____ State _____ Zip _____

Telephone _____ Extension _____ Fax _____

Attendee (1) _____ Title _____ Email _____

Attendee (2) _____ Title _____ Email _____

Attendee (3) _____ Title _____ Email _____

Attendee (4) _____ Title _____ Email _____

Number of participants _____ x price of each \$ _____ = Total Amount \$ _____

How will you be paying? (All payments due before conference date)

Check/Money Order (made payable to Raving Consulting), Check # _____

Please bill me on purchase order number _____

Credit Card Visa MC Number _____ Exp. Date _____ 3 Digit Security Code _____

Name on Credit Card _____ Cardholder Signature _____

Cardholder Address (if different than above) _____

Please submit payment information to:

Raving Consulting Company
475 Hill Street, Suite G, Reno, 89501
thebest@ravingconsulting.com
(775) 329-7864 Fax: (775) 329-4947

Need more information? Contact us at conferences@ravingconsulting.com, 775-329-7864 or fax us at 775-329-4947. As soon as we receive your registration form, you will receive a confirmation via email & snail mail. Cancellations must be received in writing no later than 14 days in advance of the event and are subject to a \$100 processing fee. Less than 14 days - registration fees are non-refundable. See www.casinomarketing2008.com for cancellation information.