



REOMAC® 2007 SPRING CONFERENCE



ATTENDEE/GUEST INFORMATION

Name _____
 Company Name _____
 Business Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 E-mail _____ Guest Name _____

CONFERENCE FEES

- Member Early Registration* \$425
- Member Late Registration** \$475
- Non-Member Early Registration* \$675
- Non-Member Late Registration** \$745
- Guest Registration* \$225
- I plan to attend New Member Orientation
- I plan to attend Monday Opening Session
- I plan to attend Monday Gala Dinner
- I plan to attend Tuesday Lender Roundtables

* Must be received on or before 3/22/07
 ** Registrations received between 3/23/07 and 4/3/07. If after 4/4/2007, please see "On-Site Registration."

ON-SITE REGISTRATION

If your reservation does not reach the REOMAC® office by 4/4/07, please register on-site. On-site registrations will be subject to space availability and is not guaranteed. Does not guarantee availability of hotel accommodations or conference materials.

- Member \$575
- Non-Member** \$825
- Guest \$225

SUBSTITUTIONS/CANCELLATIONS

CONFERENCE SUBSTITUTIONS/CANCELLATIONS POLICY: All conference registration substitutions and cancellations must be submitted in writing to the REOMAC® office. You may fax, mail or e-mail your substitution/cancellation request. Cancellations received by 4/4/07 are subject to a \$100 administrative fee per registration. Refunds will be processed within ten days of the end of the conference. There will be no refunds for cancellations received after 4/5/07.

Prior to 4/5/07 \$100 administrative fee

4/5/07 and after No Refunds

IMPORTANT POLICY INFORMATION

MEMBERSHIP POLICY: REOMAC® membership is held on an individual, not corporate basis. Individual membership will be verified.

GUEST POLICY: To qualify as a guest, this person must be a spouse or significant other occupying the same room as the attendee and not employed in the real estate / banking industry.

CONFIRMATIONS: E-mail confirmations will be sent within ten business days of receipt.

PAYMENT METHOD

Attendee: \$ _____ Guest: \$ _____ **Total Enclosed: \$ _____**

- Credit Card Payment** ___ Visa ___ MasterCard ___ American Express
 Card Number _____ Cardholder's Signature: _____
 Expires _____ Address/City/St/Zip: _____
- Check Enclosed Payable to REOMAC®.**