

Space is limited! Don't delay!

Company Information

Company _____ Phone # () _____ - _____

Address _____ Fax # () _____ - _____

City _____ State _____ Zip _____

Contact Name _____ Email _____

Room #1

Are you celebrating a special occasion within 30 days of this event? _____

ROOM TYPE	ARRIVAL DATE	DEPARTURE DATE	Total Number of Hotel Nights
___ Garden Lake View @ \$225 per person/night (inc. tax & fees)			
SUITE UPGRADE: Please contact me about rate/availability for the following: ___ Ocean View Suite ___ Ocean Front Suite			$\frac{\text{# of nights}}{\text{# of guests}} \times \$ \text{ room rate} = \$$

Rates include any taxes and resort fees and are based on double-occupancy. Call for single room rates. Rates are available 3 days pre- and post-event, based on availability. Event and training attendance requires a stay at Iberostar within our contracted block.

ATTENDEE NAMES IN THIS ROOM	TITLE	SHIRT SIZE	Conference Registration Fee (per person)	TRAINING PACKAGE \$195 PER PERSON (if attending training)
			\$100	
			\$100	

Special Requests/Needs: _____

Room #2

Are you celebrating a special occasion within 30 days of this event? _____

ROOM TYPE	ARRIVAL DATE	DEPARTURE DATE	Total Number of Hotel Nights
___ Garden Lake View @ \$225 per person/night (inc. tax & fees)			
SUITE UPGRADE: Please contact me about rate/availability for the following: ___ Ocean View Suite ___ Ocean Front Suite			$\frac{\text{# of nights}}{\text{# of guests}} \times \$ \text{ room rate} = \$$

Rates include any taxes and resort fees and are based on double-occupancy. Call for single room rates. Rates are available 3 days pre- and post-event, based on availability. Event and training attendance requires a stay at Iberostar within our contracted block.

ATTENDEE NAMES IN THIS ROOM	TITLE	SHIRT SIZE	Conference Registration Fee (per person)	TRAINING PACKAGE \$195 PER PERSON (if attending training)
			\$100	
			\$100	

Special Requests/Needs: _____

Payment Information

ROOM #1		ROOM #2		TOTAL DUE
RESORT FEES	REG & TRAINING FEES	RESORT FEES	REG & TRAINING FEES	
	+		+	=



Payments Available!
Call for more info.

Bill credit card # _____ Exp Date _____ CVC Code _____

Print Name on Card _____ Billing Address _____ Zip Code _____

Signature _____ Date _____ **Questions? (816) 413-9800**

(816) 413-9800

(816) 817-2260 (fax)

sher@visionsouthoftheborder.com



www.visionsouthoftheborder.com

Fax to the above number or mail payments and registration to:
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Gladstone, MO 64118