

## Please Send Gravure Technical Forum Registration & Payment To:

Gravure Association of the Americas P.O. Box 25617 Rochester, New York 14625 Tel: 201.523.6042 Fax: 201.523.6048

## Register On-line at www.gaa.org....or fill out the form and return to GAAmericas

| Name:   |                          |                   |        |                     |                     |        |  |
|---|--------------------------|-------------------|--------|---------------------|---------------------|--------|--|
| Company:  |                          |                   |        | 7                   | Fitle:              |        |  |
| Email:  |                          | Badge First Name: |        |                     |                     |        |  |
| Address:  |                          |                   |        |                     |                     |        |  |
| City/State/Zip:   |                          |                   |        |                     |                     |        |  |
| Phone:  |                          | Fax:              |        |                     | Cell:               |        |  |
| Emergency Contac  | mergency Contact: Phone: |                   |        |                     |                     |        |  |
| Food Allergies/Special Needs (i.e. vegetarian, nut allergy, etc.):                              |                          |                   |        |                     |                     |        |  |
| REGISTRATION GAAmericas Mem  WE WOULD   | FEES<br>bers □           | \$600             | Non-Me | embers <b>□</b> \$8 | 00<br>L MARKETPLACE |        |  |
| GAAmericas Members □\$300 Non-Members □\$900 □ I PLAN TO PARTICIPATE IN THE TOUR OF VERST GROUP |                          |                   |        |                     |                     |        |  |
| METHOD OF PAYMENT  □Check enclosed (payable to Gravure Association of the Americas)             |                          |                   |        |                     |                     |        |  |
| Credit card:  | □Visa                    | □Maste            | rCard  | □America            | n Express           |        |  |
| Account #   |                          |                   |        |                     | Expiration Date     | Amount |  |
| Name on Card:   |                          |                   |        |                     |                     |        |  |



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## Additional Registrants from Same Company Location Using the Same Payment Option

(Must accompany main registration page when returned)

| Name:  |        |                   |  |  |  |  |
|--|--------|-------------------|--|--|--|--|
|  |        | Title:            |  |  |  |  |
| Email:   |        | Badge First Name: |  |  |  |  |
| Address:   |        |                   |  |  |  |  |
| City/State/Zip:  |        |                   |  |  |  |  |
| Phone:   | _ Fax: | Cell:             |  |  |  |  |
| Emergency Contact:   | Phor   | ne:               |  |  |  |  |
| Food Allergies/Special Needs (i.e. vegetarian, nut allergy, etc.): |        |                   |  |  |  |  |
|  |        |                   |  |  |  |  |
| ☐ I PLAN TO PARTICIPATE IN THE TOUR OF VERST GROUP                 |        |                   |  |  |  |  |
| Name:  |        |                   |  |  |  |  |
| company:   |        | Title:            |  |  |  |  |
| Email:   |        | Badge First Name: |  |  |  |  |
| Address:   |        |                   |  |  |  |  |
| City/State/Zip:  |        |                   |  |  |  |  |
|  |        | Cell:             |  |  |  |  |
| Emergency Contact:   | Pho    | Phone:            |  |  |  |  |
| Food Allergies/Special Needs (i.e. vegetarian, nut allergy, etc.): |        |                   |  |  |  |  |
|  |        |                   |  |  |  |  |

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