

### CONFERENCE REGISTRATION FORM

#### REGISTRATION PRICING

<input type="checkbox"/>	<b>EARLY BIRD STANDARD ATTENDEE REGISTRATION</b> (Early Bird Rate Ends July 15, 2020) (Includes 1 conference registration) (Includes debt buyers, agencies, attorneys and industry vendors) (Early Bird Rate Ends July 15, 2020 after July 15 the standard attendee registration rate is \$1,495)	<b>\$1,395</b>
<input type="checkbox"/>	<b>ORIGINATING CREDITOR REGISTRATION</b> (Includes 1 conference registration)	<b>\$895</b>
<input type="checkbox"/>	<b>DCS2020 RED ROCK CANYON WALK/HIKE</b> <b>Wednesday, September 16, 2020 - 6:00 AM - 7:30 AM</b> (No Charge with paid standard or originating creditor registration) 2.2 mile walk/hike through one of the most gorgeous portions of Red Rock Canyon	<b>\$0</b> <b>Shirt Size: _____</b>
<input type="checkbox"/>	<b>DCS2020 "ROCKIN ROLLIN BOWLIN" COSMIC BOWLING</b> <b>Wednesday, September 16, 2020 5:15 PM - 7:30 PM</b> (No Charge with paid standard or originating creditor registration)	<b>\$0</b> <b>Shoe size: _____</b>
<input type="checkbox"/>	<b>SPOUSE REGISTRATION</b> - Includes meals, receptions and conference functions (Spouses working in the business must use standard registration) <input type="checkbox"/> <b>DCS2020 RED ROCK CANYON WALK/HIKE</b> ----- <b>Shirt Size: _____</b> <input type="checkbox"/> <b>DCS2020 "ROCKIN ROLLIN BOWLIN" COSMIC BOWLING</b> ----- <b>Shoe Size: _____</b>	<b>\$129</b>
<b>TOTAL:</b>		

Name: Mr./Ms.: \_\_\_\_\_

Name for Badge (First/Nick Name): \_\_\_\_\_

Title: \_\_\_\_\_

Organization/Company: \_\_\_\_\_

Type of Company: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**OPT-OUT:** Your basic contact information (name, company, address, email) is provided to sponsors unless you check here to opt-out. By checking here, only your name and company will be provided on the attendee list. No phone numbers are provided.

**The spouse package is not intended for spouses who are working in the industry.**

Spouse Full Name: \_\_\_\_\_

Name for Badge (First/Nick): \_\_\_\_\_

**Payment Information:** (Full payment must be received with your registration)

\$ \_\_\_\_\_ Payment Enclosed

(Make checks payable to Resource Management Services, Inc.)

\$ \_\_\_\_\_ Charge Via:

VISA    MasterCard    Discover    American Express

**Please provide the following credit card information:**

Print name as it appears on card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder's address include postal code: \_\_\_\_\_

Credit card payments may be faxed securely to (562) 906-1212

Mail check payments to:  
Resource Management Services, Inc.  
10440 Pioneer Blvd., Suite 2  
Santa Fe Springs, CA 90670

Telephone: (562) 906-1101

**Cancellation Policy:** A 50% cancellation fee will be charged if you cancel on or before April 6, 2020. After April 6, 2020 no refunds will be made. Any substitution of staff/attendees will incur a \$95 processing fee. (\$150 processing fee for changes onsite)