

# Celebrating 25 Years!

## 2011 BWLC National Summit

### July 15-17, 2011



Please complete a separate registration form for each attendee (and guest if applicable)

|                      |                                    |  |               |       |        |      |
|----------------------|------------------------------------|--|---------------|-------|--------|------|
| ATTENDEE INFORMATION | Last Name:                         |  | First Name:   |       | Date:  |      |
|                      |                                    |  |               |       |        |      |
|                      | Company:                           |  | Organization: |       | Title  |      |
|                      |                                    |  |               |       |        |      |
|                      | Home Address                       |  |               | City: | State: | Zip: |
|                      |                                    |  |               |       |        |      |
|                      | Internal Phone:<br>External Phone: |  |               | Fax:  | Email: |      |
|                      |                                    |  |               |       |        |      |

|                          |   |  |                                     |
|--------------------------|---|--|-------------------------------------|
| CONFERENCE PARTICIPATION |   | Price to Attend  | Total Cost                          |
|                          | Summit Date<br>July 15-17, 2011   | <b>25 Year Anniversary Kick off Special<br/>Includes both Registration Fee + Hotel at<br/>\$270 total (135.00/day)</b> | * Method of<br>Payment on<br>Page 2 |
|                          | Full Conference / Member<br>Registration and Hotel Room.<br><i>Hotel cost is non refundable.</i><br><i>Available Through Payroll Deduction Plan</i>     | \$ 45 Registration Fee +<br>\$270 Hotel(135.00/day) =<br>\$315 Total   | \$                                  |
|                          | Full Conference / Non-Member<br>Registration and Hotel Room.<br><i>Hotel cost is non refundable.</i><br><i>Available Through Payroll Deduction Plan</i> | \$ 55 Registration Fee +<br>\$270 Hotel (135.00/day) =<br>\$325 Total  | \$                                  |
|                          | TOTAL REGISTRATION FEE  |  | \$                                  |

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### Select a Method of Payment

Credit Card via **PayPal**

|   |                               |  |
|---|-------------------------------|--|
| Credit Card Payment Request   |                               |  |
| <b>CONTACT INFORMATION</b>  |                               |  |
| Name on Card:   |                               |  |
| <input type="checkbox"/> MC   | <input type="checkbox"/> VISA | <input type="checkbox"/> AMEX (Please Check) |
| Account #   | Security Code#                | Expiration Date:                             |
|   |                               |  |
| <b>CREDIT CARD AVAILABLE THROUGH PAYPAL ONLY!</b>   |                               |  |
| <ul style="list-style-type: none"> <li>- Send completed form to Sandra J. Gibson (BWLC Treasurer) at <a href="mailto:Sandra.Gibson@xerox.com">Sandra.Gibson@xerox.com</a>; contact phone # (585) 231-8969.</li> <li>- A confirmation will be sent once the transaction is completed.</li> </ul> |                               |  |

### ❖ Payroll Deduction (Available for Xerox Employees Only) Select one:

**Conference Registration (Available until 08/11/10):**  Non Exempt or  Exempt

The Payroll Deduction for Conference Registration payment option is only available until August 11, 2010.

|  |  |
|--|--|
| Payroll Deduction Request (Xerox Corporation, U.S. Employees Only)   |  |
| <b>CONTACT INFORMATION</b>   |  |
| <b>Employee # (REQUIRED):</b>  |  |
| (Please Check One)   |  |
| <input type="checkbox"/> 1 Monthly Payment<br>(Until 8/11/10)  | <input type="checkbox"/> 2 Monthly Payments<br>(Until 9/2010)  |
| <input type="checkbox"/> 3 Monthly Payments<br>(Until 10/2010)   | <input type="checkbox"/> 4 Monthly Payments<br>(Until 11/2010) |
| <input type="checkbox"/> 5 Monthly Payments<br>(Until 12/2010)   | <input type="checkbox"/> 6 Monthly Payments<br>(Until 1/2011)  |
| <b>SEND COMPLETED FORM TO <a href="mailto:USABWLCSUMMITREGISTRATION@XEROX.COM">USABWLCSUMMITREGISTRATION@XEROX.COM</a></b> |  |

### ❖ Check or Money Order

Make Check or Money Order payable to **BWLC**. Please mail completed form and payment to Sandra J. Gibson at address noted below.

**BWLC Summit**  
**Attn: Sandra J Gibson**  
**PO Box 20195**  
**Rochester, NY 14623**

“Driven by Purpose, Principles, Power, and Passion”