



Enterprise IT Conferences 2018 – Attendee Registration Form

Register early. Attendance will be limited! Please submit a form for each person and fax it with your credit card number, mail it with your check, online at www.campconferences.com or register over the phone at 224.251.8889.

One Day Conferences*

*All conferences are in Chicago unless otherwise indicated

- Enterprise Risk / Security Mgmt, Feb. 20
IT Leadership Strategies, March 1
Enterprise Architecture Strategies, March 7
BI / Analytics / Big Data Strategies, April 12
DR / BC - Resilient Infrastructure, April 19
Data Breaches, May 2
IT Infrastructure/Ops Mgmt, May 15
Enterprise Risk / Security Mgmt, May 31
Enterprise Risk / Security Mgmt, June 6 (Minneapolis)
Enterprise Architecture Strategies, July 11
IT Infrastructure/Ops Mgmt, Sept. 6
Enterprise Risk / Security Mgmt, Sept. 18 (Dallas)
Enterprise Risk / Security Mgmt, Oct. 3
IT Leadership Strategies, Oct. 17
Enterprise Architecture Strategies, Oct. 25
DR / BC - Resilient Infrastructure, Nov. 14
BI / Analytics / Big Data Strategies, Nov. 28
Data Breaches, Dec. 6

Two Day Conferences

- IT PMO/Portfolio Management, June 20-21
IT PMO/Portfolio Management, November 1-2

Fee includes luncheon, course notes, and certification of completion.

Number of one day conferences on this form: ___ x \$289/person/conference = Total: \$ ___
Number of two day conferences on this form: ___ x \$799/person/conference = Total: \$ ___
Total submitted: \$ ___

Payment Information: AMEX VISA MC Discover Company Check

Card# _____ Exp.: _____ Cardholder's name: _____

Please note: Attendance is limited to enterprise IT executives, management and staff in companies with at least 25 employees. Registrants cannot be sales/marketing/business development professionals, or executives, of companies that provide IT products or services to enterprises. Attendee registration fees are due one week before the each event. Past due balances shall bear interest at the rate of eighteen percent (18%) per annum from the due date and shall be payable to CAMP.

Registrant's Name: _____ Job Title: _____

Company: _____

Business Address: _____ Dept. / Mail Stop: _____

City: _____ State: _____ Zip: _____

Your e-Mail Address: _____

Phone/Ext: _____ Fax: _____

Your company's website: http:// _____

Nature of company's business: _____ Number of employees at your company: _____