PAYPLUS   SLSTriad

2017 USER CONFERENCE REGISTRATION FORM

June 14th to June 16th, 2017 | San Antonio, TX

Company Name: _____   **Acct Code:** _____

Address, Line 1: _____   **Line 2:** _____

City: _____   **State:** _____   **Zip:** _____   **Phone:** _____

Please list all conference attendees:

First Name (for Name Tag): _____   **Last Name:** _____

Attending Percentrix Session on Friday? ☐ Yes   ☐ No

First Name (for Name Tag): _____   **Last Name:** _____

Attending Percentrix Session on Friday? ☐ Yes   ☐ No

First Name (for Name Tag): _____   **Last Name:** _____

Attending Percentrix Session on Friday? ☐ Yes   ☐ No

First Name (for Name Tag): _____   **Last Name:** _____

Attending Percentrix Session on Friday? ☐ Yes   ☐ No

First Name (for Name Tag): _____   **Last Name:** _____

Attending Percentrix Session on Friday? ☐ Yes   ☐ No

Please list any Thursday Dinner only guests:

First Name (for Name Tag): _____   **Last Name:** _____

First Name (for Name Tag): _____   **Last Name:** _____

First Name (for Name Tag): _____   **Last Name:** _____

If you need more space for attendees or Thursday Dinner guests, please include on a separate page.

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**Please complete this form and fax it to (601) 939-0501, or email it to info@payplus.com.

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