

Fax COMPLETED Form to: Radisson Plaza Hotel & Suites: 269-381-1560

**Registering for:**  
**MTS Short Course 2008, March 11-12, 2008**  
**Sponsored by: Marketing Technology Service**

NAME OF REGISTRANT

COMPANY

ADDRESS

CITY

STATE/PROVINCE

POSTAL CODE

COUNTRY

PHONE

FAX

E-MAIL ADDRESS

CONTACT NAME (If different from registrant)

**Special rates of US\$ 130.00 (+ taxes) for a Single or Double room are available. These rates are good through February 18, 2008 or until available reserved MTS Short Course rooms are full.**

Single room

Smoking

Arrival Date \_\_\_\_\_

Double room

Non-Smoking

Departure Date \_\_\_\_\_

Charge:  VISA  MASTERCARD  DISCOVER  AMERICAN EXPRESS

Credit Card #

Exp Date

Billing Address for this Credit Card

Zip/Postal Code

Print the name of the Credit Card holder as it appears on the card

Signature of Credit Card Holder

\*\*\*If using a corporate purchasing card, please provide your customer code number \_\_\_\_\_

Fill out and fax to:

**Radisson Plaza Hotel & Suites**

100 West Michigan Avenue  
Kalamazoo, MI 49007, USA  
Phone: 269-343-3333

# FAX: 269-381-1560

**(USE THIS FAX NUMBER FOR THIS FORM ONLY)**