

CIATS

BUSINESS MATCHMAKING PROGRAM

Registration Form

NAME : _____ TITLE: _____

COMPANY: _____

PRODUCTS/SERVICES: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

PRIMARY TARGET MARKET: _____

SECONDARY TARGET MARKET: _____

GEOGRAPHICAL LOCATION: _____

BEST TIMES FOR APPOINTMENTS: _____

PAYMENT INFORMATION: Visa () MasterCard () Discover () Amount : \$250.00

ACCOUNT # : _____ EXPIRATION DATE: _____

CARDHOLDER NAME: _____

SIGNATURE: _____

CC BILLING ADDRESS: _____ ZIP CODE: _____

CVV2 # _____ (Last three # on white stripe on back of card after card #)

CHECK # _____ DATE: _____

PLEASE CALL US AT 954-597-8420 OR

MAIL TO: CHRISTIANS IN ACTION TRADE SHOW

P.O. BOX 19406, PLANTATION, FL 33318