

Grupo ALMADI: La inscripción da pleno acceso a la DMA 2010, incluyendo Programa en Español, acceso a la feria y Conferencias.

ENVIAR INSCRIPCIÓN POR MAIL, FAX O EMAIL A:

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DMA Customer ID # _____ Email _____
 First Name _____ Last Name _____ MI. _____
 Title _____ Company _____
 Address _____
 City _____ State/Province _____
 Postal Code _____ Country _____
 Phone _____ Fax _____

*INCLUYEN EL PROGRAMA EN ESPAÑOL	PRICING
Pre-Conference, Conference & Exhibition , Post-Conference*	<input type="checkbox"/> U\$S1,799
Pre-Conference, Conference & Exhibition*	<input type="checkbox"/> U\$S1,599
Post-Conference, Conference & Exhibition*	<input type="checkbox"/> U\$S1,599
Conference & Exhibition Only*	<input checked="" type="checkbox"/> U\$S1,399
Pre-Conference Only	<input type="checkbox"/> U\$S499
Post-Conference Only	<input type="checkbox"/> U\$S499
Conference Daily Rate	<input type="checkbox"/> U\$S699
Non-profit Day Only (Monday October 11)	<input type="checkbox"/> U\$S699
ECHO Day Only (Tuesday, October 12)	<input type="checkbox"/> U\$S699
ECHO Gala (Tuesday, October 12)	<input type="checkbox"/> U\$S299
TOTAL Conference Registration Fee	U\$S _____

CHOICE OF PAYMENT (Registration fees will be charged to your credit card upon receipt of your registration form.)

- American Express MasterCard Visa Discover Card
 Bank Transfer ⁽¹⁾ Check # _____ (Payable to DMA)

Credit Card Number _____ Expiration Date _____

Name of Cardholder (as it appears on card) _____

Company Name (as it appears on card) _____

Cardholder's Signature _____

⁽¹⁾ Es posible pagar por transferencia bancaria. Para instrucciones consultar a emarketing@amdia.com.ar

DEMOGRAPHIC INFORMATION

1. My job title is:

- President/CEO/Chairman (A1) Manager/Account Executive (A5)
 Sr. or Executive Vice President (A2) Educator/Professor/Teacher (A6)
 Vice President (A3) Staff (A7)
 Director (A4) Other (A8)

2. My primary job function is:

- Acct Management/Client SVS (B1) Information Technology (B22)
 Advertising (B2) Internet/Electronic Media (B23)
 Analysis (B3) Legal (B24)
 Business Planning/Development (B4) List Management (B25)
 Cataloger (B5) Marketing (B26)
 Circulation (B6) Merchandising (B27)
 Communications/Public Relations (B7) Operations/Facilities (B28)
 Consultant/Freelancer (B8) Privacy (B30)
 Copywriter/Editorial (B9) Product/Brand Management (B40)
 Creative Design (B10) Production/Purchasing (B41)
 Customer Service (B11) Project Management (B42)
 Database Marketing (B12) Research (B43)
 Direct Mail (B13) Sales/Support (B44)
 E-commerce (B14) Search Marketing (B48)
 Educational/Training (B15) Telecommunications (B45)
 Email (B16) Teleservices (B46)
 Finance/Budget/Accounting (B17) Other (B47)
 Fulfillment/Warehouse (B18)
 General Management (B19)
 Government Affairs (B20)
 Human Resources/Training (B21)

3. What is your company's projected marketing expenditure for the next 12 months?

- U\$S0 - U\$S99,999 (C1) U\$S1,000,000 - U\$S4,999,999 (C4)
 U\$S100,000 - U\$S499,999 (C2) U\$S5,000,000 - U\$S9,999,999 (C5)
 U\$S500,000 - U\$S999,999 (C3) U\$S10,000,000+ (C6)

4. What role do you play in the purchasing of marketing products and/or services?

- Final Say (D1) Specify (D2) Recommend (D3) No Role (D4)

5. What is the primary activity that best describes your firm?

- Agencies (E1) Financial Services (E5) Publishing (E9)
 Business-to-Business (E2) Internet (E6) Teleservices (E10)
 Catalog/Mail Order (E3) List/Database (E7) Other (E11)
 Consumer Products/SVS (E4) Nonprofit (E8)

6. In what capacity do you support the marketing process?

- As a supplier of marketing products and/or services
 As a user of marketing products and/or services

7. Have you attended a DMA annual conference in the past?

- Yes No

Check here if you have any special requests (which need to meet the Americans with Disabilities Act, dietary requirement, or otherwise) We will contact you.

Please do not include my name in Conference collateral.