

Registration Form

Event: The Power of Angel Investing
Date: Friday, October 16, 2009
Time: 7:30 a.m. – 5 p.m.
Location: 205 Cornell Hall, University of Missouri

the POWER of
angel
Investing

Participant's Name: _____

Position/Title: _____

Company/Affiliation: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please check participant type: _____ Centennial Investors Member registration (\$150)

_____ Non-Centennial Investors Member registration (\$300) *

Please select method of payment:

_____ Check (please make payable to Centennial Investors)

_____ Please charge my credit card the amount of:

Card Type: _____ Master Card _____ VISA _____ American Express

Name (as it appears on credit card): _____

Account Number: _____

Expires: _____

Address: _____

(billing address for credit card, if different from address listed above)

City: _____ State: _____ Zip: _____

Signature of Cardholder: _____

* Any accredited investor who pays for and attends The Power of Angel Investing seminar will receive a credit equal to half of their registration fee (\$150) towards their first year's Centennial Investors membership fee should they elect to join the group within 90 days of the event.

Please Return Form and Payment to:

Centennial Investors Angel Network
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PO Box 1016
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(573) 874-1132