



Register for Horizon Software's 2009 Users Group Conference

Please fill out one (1) form per attendee

(You may make a copy of this form or download more forms at www.horizonsoftware.com/2009UGC/registration.html)

* Denotes Required Field

Attendee Information (Please print clearly when submitting by fax or mail)

Date* _____

Name of person attending* _____ Title* _____

Email address of person attending* _____

School District* _____

Address* _____

City, State and Zip* _____

Phone* _____ Fax* _____

Registration Type*

(please check one of the following)

- Three-day Event Early Bird Registration: \$1,195***
(Registration must be received by October 2, 2009)
- Three-day Event Standard Registration: \$1,395***
(Registration must be received by October 16, 2009 - Final day of registration)
* This three-day event includes a reservation for one room with a private bath for one person.
- One-Day Event: Free**

Events

Three-Day Event (November 3-5) includes

- Registration and Welcome Center
- Users Group Conference and Breakout Sessions (Nov. 3)
- Six Training Classes (Nov. 4-5)
- Hotel Accommodations (Nov. 2-4: three nights)
- Breakfast and Luncheon Daily
- Scheduled Transportation To and From Airport
- Exciting Group/Evening Festivities
- Multi-media Training Materials

One-Day Event (November 3)

- Registration and Welcome Center
- Users Group Conference and Breakout Sessions (Nov. 3)
- Breakfast and Luncheon

Payment Type*

- Check**
(Please enclose check with registration form and mail to address below, or if registering online, please send check to address below with name of attendee attached. Checks must be received by deadlines listed above.)

- Credit Card Information Provided Below**
(Information must be received by mail, fax, or email by dates above. Credit card information sent online is not secure. If preferred, you may register online and then call Julie Denmon at 800-741-7100 to provide credit card information.)

Credit Card Type Visa MasterCard

Credit Card Number _____ Exp. Date _____

Card Holder Name _____

3-Digit Security Code (back of card) _____ Charge Amount Authorized _____

Bill to Address on Credit Card

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____

By signing below, I attest that I am an authorized purchaser on the credit card listed above. I authorize Horizon Software International, LLC to charge the card for the amount listed.

Authorizer's Name Date

Authorizer's Signature (not required for online purchase)



2915 Premiere Parkway, Suite 300
Duluth, GA 30097 | 800.741.7100
www.horizonsoftware.com



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Choose Your Training Classes

Please fill out one (1) form per attendee

Name of Attendee _____

School District _____

Classes are on a first-come, first-served basis and may fill up quickly. You will be notified as soon as possible if your selected class is no longer available.

Indicate below the classes you would like to attend. Choose only one class per time slot.

November 4, 2009					November 5, 2009	
	8:00am-9:30am	10:00am-11:30pm	1:00pm-2:30pm	3:00pm-4:30pm	8:00am-9:30am	10:00am-11:30am
Walton	FastLane Suite: Central Office <input type="checkbox"/>	Welcome to KidServe <input type="checkbox"/>	Increasing Participation <input type="checkbox"/>	Healthy Vending <input type="checkbox"/>	My Training <input type="checkbox"/>	K-12 Audit Preparation <input type="checkbox"/>
Salon 4	MealpayPlus <input type="checkbox"/>	Site FastLane <input type="checkbox"/>	Site FastLane Installation <input type="checkbox"/>	FastLane Suite: End-of-Month Reporting <input type="checkbox"/>	FastLane Technical Support <input type="checkbox"/>	Front of House Conversion <input type="checkbox"/>
Gwinnett	OneSource Front of House <input type="checkbox"/>	OneSource Inventory Suite <input type="checkbox"/>	OneSource Menu Planner Suite <input type="checkbox"/>	Application Scanning & Online Application <input type="checkbox"/>	OneSource Technical Support <input type="checkbox"/>	Student Wellness & Nutrition <input type="checkbox"/>
Hall	VBOSS Inventory Suite <input type="checkbox"/>	VBOSS Menu Planner Suite <input type="checkbox"/>	VBOSS Back Office Tech Support <input type="checkbox"/>	Food Costs and ROI <input type="checkbox"/>	Loss Prevention <input type="checkbox"/>	Student Data Imports <input type="checkbox"/>

Class times subject to change

Please send all completed forms to the attention of Julie Denmon.

Fax: 770-554-6331 • **Mail:** 2915 Premiere Parkway, Suite 300, Duluth, GA 30097

