



# Concur Fusion 2011

February 15-18 - Las Vegas, NV

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

**Sessions Attended:**

Number	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**GBTA CCTE Elective Registration Fee                      \$100**

**Payment Type: (check one)**

Check     Amex     Visa     MasterCard     Diners Club     Discover

Card Number \_\_\_\_\_

Exp: \_\_\_\_\_

Cardholders Name \_\_\_\_\_

Signature \_\_\_\_\_

Total Charge \$ \_\_\_\_\_

Please return this form to:  
Donna Watson, Education Manager, GBTA  
110 N. Royal Street, 4<sup>th</sup> Floor, Alexandria, VA 22314 • Tel: 703-684-0836 • Fax: 703-684-4346