

# *Policy Perspectives 2015*

THE RITZ-CARLTON NAPLES, BEACH RESORT  
280 VANDERBILT BEACH ROAD  
NAPLES

WEDNESDAY, FEBRUARY 4, 2015  
11:00 A.M.—2:00 P.M.

## **REGISTRATION**

NAME(s) \_\_\_\_\_  
(PLEASE USE REVERSE SIDE FOR YOUR GUEST NAMES)

TITLE \_\_\_\_\_ BADGE AFFILIATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

☐ I PLAN TO ATTEND THE SEMINAR AND AM ENCLOSING \$ \_\_\_\_\_ FOR \_\_\_\_\_ REGISTRATION(S) AT \$75 PER PERSON.

☐ I WOULD LIKE TO PURCHASE A TABLE FOR EIGHT. I AM ENCLOSING \$ \_\_\_\_\_ FOR \_\_\_\_\_ TABLE(S) AT \$525 PER TABLE. PAYMENT INCLUDES LUNCHEON WITH PRIORITY SEATING.

PLEASE USE THE OTHER SIDE TO LIST NAMES OF YOUR GUESTS.

☐ I AM UNABLE TO ATTEND, BUT ENCLOSED IS A CONTRIBUTION TO THE CATO INSTITUTE OF \$ \_\_\_\_\_.

☐ PLEASE SEND ME MORE INFORMATION ON THE CATO INSTITUTE.

## **METHOD OF PAYMENT**

☐ ENCLOSED IS MY CHECK PAYABLE TO THE CATO INSTITUTE.

☐ AMERICAN EXPRESS

☐ DISCOVER

☐ MASTERCARD

☐ VISA

ACCOUNT NO. \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

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## GUESTS

If you know the names of your guests at this time, please provide them below

Name\_\_\_\_\_

Affiliation\_\_\_\_\_

Name\_\_\_\_\_

Affiliation\_\_\_\_\_

Name\_\_\_\_\_

Affiliation\_\_\_\_\_

Name\_\_\_\_\_

Affiliation\_\_\_\_\_

Name\_\_\_\_\_

Affiliation\_\_\_\_\_

Name\_\_\_\_\_

Affiliation\_\_\_\_\_

Name\_\_\_\_\_

Affiliation\_\_\_\_\_