

Registration Form

RETURN TO:

United States Cutting Tool Institute
1300 Sumner Ave., Cleveland, OH 44115 · 216-241-7333 FAX: 216-241-0105

**2010 USCTI SPRING INSTITUTE MEETING
RITZ-CARLTON NAPLES, BEACH RESORT • Naples, FL
April 17-19, 2010**

COMPANY: _____

In connection with the subject meeting, please prepare badges as follows:

1. _____

First Name or Nick Name Check if applicable:	Last Name <input type="checkbox"/> First Time Attendee	Spouse/Guest <input type="checkbox"/> Guest
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2. _____

First Name or Nick Name Check if applicable:	Last Name <input type="checkbox"/> First Time Attendee	Spouse/Guest <input type="checkbox"/> Guest
-------------------------------------------------	-----------------------------------------------------------	------------------------------------------------
3. _____

First Name or Nick Name Check if applicable:	Last Name <input type="checkbox"/> First Time Attendee	Spouse/Guest <input type="checkbox"/> Guest
-------------------------------------------------	-----------------------------------------------------------	------------------------------------------------
4. _____

First Name or Nick Name Check if applicable:	Last Name <input type="checkbox"/> First Time Attendee	Spouse/Guest <input type="checkbox"/> Guest
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**PLEASE ENCLOSE CHECK MADE PAYABLE TO USCTI OR
COMPLETE THE ATTACHED CREDIT CARD AUTHORIZATION FORM FOR ALL APPLICABLE FEES**

Registration Fees:	\$1000 per Single	x _____	Singles	=	\$ _____
	\$1500 per Couple	x _____	Couples	=	\$ _____
	Total Golf Fees			=	\$ _____
	TOTAL Conference Fees			=	\$ _____

FUNCTIONS

Please note the number of Singles/Couples, Representatives/Spouses/Guests from your company that will be attending the following functions. **Guarantees will be based upon your commitment/response.**

<u>Singles</u>	<u>Couples</u>	<u>Function</u>
_____	_____	<u>Saturday, April 17</u> Welcome Reception/Dinner
_____	_____	<u>Sunday, April 18</u> <i>Fun in the Sun</i> Afternoon Networking Event
_____	_____	Reception/Dinner and Dance
_____	_____	<u>Monday, April 19</u> Farewell Networking Reception

RETURN TO USCTI OFFICE BY MARCH 15, 2010
USCTI FAX 216.241.0105



UNITED STATES CUTTING TOOL INSTITUTE
LEADING THE FUTURE OF THE CUTTING TOOL INDUSTRY

GOLF 2010 USCTI SPRING MEETING

Please register the following individuals for **GOLF** during the USCTI Meeting:

Saturday, April 17, 2010 – Scramble Tournament

12:30 p.m. Start

_____(_____) _____
Name Handicap

_____(_____) _____
Name Handicap

_____(_____) _____
Name Handicap

_____(_____) _____
Name Handicap

Monday, April 19, 2010 – 4-Person Best Ball Tournament [everyone plays their own ball]

12:30 p.m. Start (Please let us know if you would like to be paired with anyone in particular.)

_____(_____) _____
Name Handicap

_____(_____) _____
Name Handicap

_____(_____) _____
Name Handicap

_____(_____) _____
Name Handicap

GOLF FEES

(Includes green fees, shared golf cart, tournament entry and box lunch)

	<u>No. of Persons</u>		<u>Cost Per Person</u>		<u>Total Cost</u>
<u>Saturday</u> April 17	_____	x	\$230	=	\$ _____
<u>Monday</u> April 19	_____	x	\$230	=	\$ _____

Grand Total for Golf = \$ _____

Transfer total to the meeting registration form

* If you wish to rent golf clubs, please complete and return the attached reservation form directly to the golf pro shop.

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Credit Card Authorization Form

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Naples, FL
April 17-19, 2010**

Please charge the total meeting fees in the amount of \$_____ to the following credit card:

VISA

MasterCard

AMEX

CARD#

EXPIRATION DATE

3-DIGIT SECURITY CODE

CARDHOLDER'S NAME

CARDHOLDER'S ADDRESS

CARDHOLDER'S PHONE NUMBER

SIGNATURE

COMPLETED BY _____

COMPANY _____

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