

**GRADUATE MANAGEMENT ADMISSION COUNCIL®**  
**2007 MBA LEADERSHIP CONFERENCE**  
CO-SPONSORED BY GMAC® AND MBA ROUNDTABLE

*"Create. Innovate. Educate".*

[www.gmac.com/mbaleadershipconference](http://www.gmac.com/mbaleadershipconference)

**Renaissance® Vinoy® Resort and Golf Club**

<http://marriott.com/property/propertypage/TPASR>

501 Fifth Avenue NE, St. Petersburg, Florida 33701

Phone: 1-727-894-1000 Fax: 1-727-822-2785

**January 31–February 3, 2007**

**CANCELLATION/SUBSTITUTION FORM**

Attendee Name: \_\_\_\_\_

Title: \_\_\_\_\_

Business School: \_\_\_\_\_

University/Organization: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_ ***I want to CANCEL my attendance for this conference and I understand that, with no exceptions, my refund or the amount I must still pay depends on the date GMAC® receives this cancellation/substitution form.***

- If GMAC® receives the Cancellation and Substitution Form before December 15, 2006, 100% (US\$2,100) will be refunded.
- If GMAC® receives the form between December 16, 2006, and January 17, 2007, 50% (US\$1,050) of the registration fee will be refunded (or still owed to GMAC®, if the payment has not been made.)
- If GMAC® receives the form between January 18, 2007, and January 30, 2007, 25% (US\$525) of the registration fee will be refunded (or still owed to GMAC®, if the payment has not been made.)
- For no-shows or cancellations after the start of the conference, 0% will be refunded (or US\$2,100 will still be owed to GMAC®, if payment has not been made.)

\_\_\_ ***I want to CANCEL my attendance for this conference and I want to SUBSTITUTE someone from my school who has not yet registered. (Please complete information below.)***

**PAYMENT:**

\_\_\_ ***Transfer*** my registration payment of US\$2,100 to the individual who is my substitute.

\_\_\_ ***Refund*** my payment. My substitute will pay the US\$2,100 registration fee with the credit card indicated below.

Credit Card # (AMEX®/VISA®/MC): \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

Authorized Signature: \_\_\_\_\_

Billing Address of Credit Card (include zip/postal code): \_\_\_\_\_

**SIGNATURE** of person who is canceling: \_\_\_\_\_

*Please continue to next page*

## ***SUBSTITUTION INFORMATION AND ACCOMMODATIONS***

Name: \_\_\_\_\_ Name on Badge: \_\_\_\_\_

Title: \_\_\_\_\_

Business School: \_\_\_\_\_

University/Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Work Phone :( ) \_\_\_\_\_ Fax :( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

### ***Hotel Accommodations***

GMAC<sup>®</sup> will make your lodging reservations on the basis of the information you provide below. ***Please do not call the hotel.*** The standard date range is Wednesday January 31, 2007 (check in), through Sunday February 4, 2007 (check out). The registration fee of US\$2,100 covers four nights of accommodations (Wednesday through Saturday nights). There is no fee reduction for fewer than four nights. You will be responsible upon checkout for any additional nights at the hotel at a rate of US\$261 per night; GMAC<sup>®</sup> will book the additional nights on your behalf when you register for the conference. Please direct any question on hotel accommodation to [travel@gmac.com](mailto:travel@gmac.com).

### ***SUBSTITUTION AND ACCOMMODATIONS***

\_\_\_ I will arrive on Wednesday, January 31, and depart on Sunday, February 4, 2007.

\_\_\_ I would like to request a pre-/post-conference stay to be arranged by GMAC<sup>®</sup>. The dates that I would like to stay (assuming availability and including conference dates) are as follows:

Check-In Day and Date: \_\_\_\_\_ Check-Out Day and Date: \_\_\_\_\_

***If you are requesting a pre/post-conference hotel stay, please do not make any travel arrangements until your pre/post-stay has been confirmed by the GMAC<sup>®</sup> office. Questions about hotel arrangements should be directed to [travel@gmac.com](mailto:travel@gmac.com).***

Smoking Preference: \_\_\_\_\_ Nonsmoking \_\_\_\_\_ Smoking

Special Room Request(s): \_\_\_\_\_

Special Dietary Needs (describe any specific dietary requirements for meals): \_\_\_\_\_

Credit Card # (AMEX<sup>®</sup>/VISA<sup>®</sup>/MC): \_\_\_\_\_ Exp. Date: \_\_\_\_\_ / \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Billing Address of Credit Card (include zip/postal code): \_\_\_\_\_

PLEASE FAX THIS FORM TO THE  
GRADUATE MANAGEMENT ADMISSION COUNCIL<sup>®</sup>  
AT 1-703-245-0617

For more information, please e-mail [programs@gmac.com](mailto:programs@gmac.com) or call Anchen Wagner on 1-703-245-0647.