



ONE DAY PASS REGISTRATION

Galveston Conference Center

Thursday, October 2, 2025

Primary Contact: _____ Title: _____

Company: _____

Mailing Address: _____

City, State, ZIP: _____

Work Phone: _____ Email: _____

Attendee Names		Summit One Day Pass (\$235)
Name	Email	
Name	Email	
Name	Email	
Name	Email	
Name	Email	
Total Amount Due		\$

Payment Information: <input type="checkbox"/> Charge credit card below <input type="checkbox"/> Send me an invoice	
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
Card#	
Sec #	Exp. Date:
Name on Card:	
Cards Billing Address:	
Amount Charged:	Signature:

Make Checks Payable To:

ACTS
PO Box 644
Conway, AR 72033

Canceling before **9/8/25** you will receive a refund, less a non-refundable \$100 deposit. No refunds will be issued after this date.

Charge will show ACTS NOW on statement