



# 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	
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