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## DSEF's Game Changer Casino Night Fundraiser Registration

Please complete and return this form to register yourself (and others) for DSEF's Casino Night Event, Monday, June 18, in San Diego.\*

**Player 1:** **Name:** \_\_\_\_\_  
*Circle One*                      \$150                                      \$200                                      \$300  
(Receive 1K in playing chips.)    (Receive \$2,500 in playing chips.)    (CEO Poker Tournament)

**Company:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Player 2:** **Name:** \_\_\_\_\_  
*Circle One*                      \$150                                      \$200                                      \$300  
(Receive 1K in playing chips.)    (Receive \$2,500 in playing chips.)    (CEO Poker Tournament)

**Company:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Player 3:** **Name:** \_\_\_\_\_  
*Circle One*                      \$150                                      \$200                                      \$300  
(Receive 1K in playing chips.)    (Receive \$2,500 in playing chips.)    (CEO Poker Tournament)

**Company:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Player 4:** **Name:** \_\_\_\_\_  
*Circle One*                      \$150                                      \$200                                      \$300  
(Receive 1K in playing chips.)    (Receive \$2,500 in playing chips.)    (CEO Poker Tournament)

**Company:** \_\_\_\_\_

**Email:** \_\_\_\_\_

\*All names must be registered to attend the DSA Annual Meeting.

### PAYMENT INFORMATION

NOTE: Payment information provided will be used for ALL participants listed.

**Type of Payment:** (circle one)                      AMEX                      MC                      Visa                      Send Invoice

**Name on Card:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Exp. Date:** \_\_\_\_\_

Return completed form to Tamara Ingram at [tingram@dsef.org](mailto:tingram@dsef.org) or 202-452-9015.