

ICE Team Registration Form

Delegate Type	Early Bird before 01/15/07	Regular before 02/15/07	Late/Walk-in after 02/15/07	How to Register
ICE Team of 4	\$7,995	\$9,595	\$9,995	Fax form only
Additional ICE Team Delegate	\$1,995	\$2,395	\$2,495	Fax form only

When IT, Network, and Facilities work seamlessly together with common goals within the Critical Physical Layer, The Uptime Institute calls this an Integrated Critical Environment™ or (ICE) team. Each team must have ONE user from each of the following:

- | | |
|---|--|
| Quadrant 1 - IT Strategic (VP/Director of IT, CIO) | Quadrant 2 - IT Operations (Data Center Manager, Network Manager) |
| Quadrant 3 - Facilities/Real Estate Operations (Facilities Manager, Infrastructure Ops) | Quadrant 4 - Facilities/Real Estate Strategic (VP/Director of Facilities or Corporate Real Estate) |

Contact Tom Baehr (505) 946-3454 or tbaehr@uptimeinstitute.org with any ICE team questions.

Please complete the registration form and send to The Uptime Institute at fax (505) 982-8484.

COMPANY NAME (ICE TEAM) _____ **Returning Team** **New Team**

Mailing Address _____
(City, State, Zip)

PRIMARY CONTACT FOR ICE TEAM: _____ **Promo Code for discounts:**

Title _____ First name for conference badge _____

Telephone _____ Fax _____ E-mail _____

Areas of Responsibility _____ **Quadrant for this Member :** Q1 Q2 Q3 Q4

Briefly describe your company's business _____

Computer room raised-floor ft² _____

What computer hardware manufacturer does your company primarily use? _____

ADDITIONAL ICE TEAM DELEGATES: _____

NAME: _____ **Quadrant for this Member :** Q1 Q2 Q3 Q4

Title _____ First name for conference badge _____

Telephone _____ Fax _____ E-mail _____

NAME: _____ **Quadrant for this Member :** Q1 Q2 Q3 Q4

Title _____ First name for conference badge _____

Telephone _____ Fax _____ E-mail _____

NAME: _____ **Quadrant for this Member :** Q1 Q2 Q3 Q4

Title _____ First name for conference badge _____

Telephone _____ Fax _____ E-mail _____

PAYMENT METHOD*				
MasterCard <input type="checkbox"/>	Visa <input type="checkbox"/>	Discover <input type="checkbox"/>	American Express <input type="checkbox"/>	Diner's Club <input type="checkbox"/>
Credit Card # _____	3 digit CVV/CVC Code _____		4 digit Amex Code _____	
Name on Card _____		Expiration Date _____		
Billing Address (for the credit card) _____				
Signature of Credit Card Holder _____				



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*(Cancelled registrations are not refundable, but a credit may be applied to a future Institute events, less a \$75 processing fee)

