



# ONE DAY PASS REGISTRATION

## *IP Casino & Resort, Biloxi*

Thursday, November 6, 2025

Primary Contact:	Title:
Company:	
Mailing Address:	
City, State, ZIP:	
Work Phone:	Email:

Attendee Names		Summit One Day Pass (\$225)
Name:	Title:	
Name:	Title:	
Name:	Title:	
Name:	Title:	
Name:	Title:	
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 Now Inc.**  
**PO Box 644**  
**Conway, AR 72033**

Canceling before 10/7/25 will receive a refund, less a non-refundable \$100 deposit. No refunds will be issued after this date.

Charge will show as ACTS NOW on statement.