



ONE DAY PASS REGISTRATION

IP Casino & Resort, Biloxi

Thursday, November 5, 2026

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 Now Inc.**

**PO Box 644
Conway, AR 72033**

Canceling before **10/5/26** 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.