



Event #36
No-Limit Hold'em

2010 World Series of Poker®

Pre-Registration Information and Payment Form

Mail completed form and check to:

Rio Properties, Inc, dba, Rio All-Suite Hotel & Casino,
World Series of Poker,
Attention: Accounting Office,
P O Box 14160,
Las Vegas, Nevada 89114-4160

Fax completed form and wire transfer confirmation to:
702-856-3463

Player Information (please print):			
Last Name:		First Name:	
Middle Initial:		Total Rewards # (if applicable):	
Date of Birth:		Telephone #:	
Street Address (Do Not Use a PO Box):			
City:	State:	Zip:	Country:
Drivers License # (Passport # for Non-US Residents):		Date of Expiry:	Issuing State/Country:
Event Date: June 19, 2010	Event Number: #36	Email Address:	
		Total Buy-In Amount: \$1,000	

For Event #36, \$1,000 No-Limit Texas Hold'em, you may request which First Day you prefer to start.

Place a number (1,2) next to the event dates based on your preference. Placement in the event is not guaranteed and will be based on availability. If you do not assign a preference, you will automatically be placed based on availability.

Day 1A – Saturday 6/19:

Day 1B – Sunday 6/20:

Payment Information:

Select the method of payment for your deposit:

Cashiers Check: _____

Wire Transfer: _____

***Please make cashiers checks payable to World Series of Poker**

***Please check with your financial institution for any fees associated with Wire Transfers**

Conditions To Pre-Registration:

- The Player understands and accepts that his/her ability to participate in the Tournament is conditioned upon compliance with the Tournament General Rules and that the above-described Player must appear in person to complete the registration process. The Rio reserves the right to refuse anyone entry into the Tournament in its sole and absolute discretion.
- Prior to entering and playing in the Tournament, each participant must execute a Player Release Form. Failure to do so may, at the option of Harrah's subject the player to immediate disqualification at any point in the Tournament.

By: _____

Date: _____