

Increase Your Selling Power Registration

Please photocopy this form for each additional registrant.

Name _____ Nickname: _____

Company _____

Address _____

City _____ State _____ Zip _____ -

Phone (____) _____ Fax (____) _____

E-mail _____

Indicate if you are a CCE CFuE CCFE CFSP

If you have a disability that requires special accommodation, please check box and attach a statement of your needs.

Is your company an ICFA member? Yes No Please send membership info

Seminar Date: March 19/Nashville, TN May 7/Oakland, CA May 8/San Diego, CA

PLEASE CHECK ONE

May 14/Indianapolis, IN May 16/McLean, VA

Payment: \$ _____ **ICFA Member: \$110** each for 1 attendee
\$ _____ **ICFA Member: \$99** each for 2 or more attendees
\$ _____ **Non-member: \$120** each for 1 attendee
\$ _____ **Non-member: \$110** each for 2 or more attendees

CHECK ENCLOSED (Please make checks payable to ICFA)

DISCOVER VISA MASTERCARD AMERICAN EXPRESS

Name as it appears on credit card _____

Card number _____ Exp. Date _____

Signature _____

Return completed form with payment to:

ICFA
Suite 220
1895 Preston White Dr.
Reston, VA 20191
Fax: (703) 391-8416

QUESTIONS?

Call the ICFA Meetings Department at 1-800-645-7700 or visit www.icfa.org

For ICFA use only

DATE: _____

IND ID#: _____

CO ID#: _____

PAYMENT: _____

TOTAL: _____