

CFESA SPRING 2010 CONFERENCE REGISTRATION FORM

Please complete this form and fax it to CFESA Headquarters (336-346-4745) by May 3, 2010. Conference registration fees must be submitted with the registration form. Conference registrations will not be confirmed until payment has been submitted. In order to reserve a room in the CFESA room block and or participate in any optional activities, one full conference attendee must be registered per company. Be sure to make your hotel reservations in the CFESA roomblock by phone with the InterContinental Hotel.

PLEASE MAKE A COPY OF THIS FORM FOR ADDITIONAL ATTENDEES.

CONFERENCE & HOTEL INFORMATION:

Conference Dates: Wednesday, May, 19 - Friday May, 21, 2010

Hotel Information: Intercontinental Hotel in Chicago, IL

Room Rate: Main Building: \$249 Historic Tower: \$272

Reservation Phone Number: 800-628-2112 or 312-944-4100

Hotel Reservation Cut-Off Date: Saturday, April 10, 2010

ATTENDEE #1:

Name:

Address:

Phone:

Fax:

Email:

Company:

City:

State:

Zip:

CFESA Member? Yes (\$650) No (\$750)

First Time Attendee? Yes No

Fee Includes: Opening Dinner, Closing Reception, Lunches, Breakfasts, Receptions & Conference Sessions

Which committee do you plan on attending? (*Agendas online*)

Business Technology Education & Training

Marketing Membership Services Not Attending

If not attending, why?

ATTENDEE #2:

Name:

Address:

Phone:

Fax:

Email:

Company:

City:

State:

Zip:

CFESA Member? Yes (\$650) No (\$750)

CFESA Member Spouse? Yes (\$325) No (\$375)

Fee Includes: Opening Reception, Closing Dinner, Lunches, Breakfasts, Receptions & Conference Sessions

First Time Attendee? Yes No

Attending Opening Dinner Only? Yes (\$200)

Attending Closing Reception Only? Yes (\$100)

Which committee do they plan on attending? (*Agendas online*)

Business Technology Education & Training

Marketing Membership Services Not Attending

If not attending, why?

NO REFUNDS ISSUED FOR CANCELLATIONS

CREDIT CARD PAYMENT INFORMATION:

Cardholder Name:

Cardholder Email:

Card Type: MasterCard Visa American Express Discover

Card Billing Address:

City:

State:

Zip:

Phone:

Fax:

Card Number:

Expiration Date: