

2012 FINANCIAL SUMMIT REGISTRATION FORM

(FOR CHECK PAYMENT ONLY)

MAY 30 – JUNE 1, 2012

WASHINGTON, DC

1ST NAME: _____
BADGE FIRST NAME: _____
TITLE: _____
COMPANY: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP/POSTAL CODE: _____
COUNTRY: _____ EMAIL: _____
PHONE: _____ FAX: _____

**** SEE REVERSE SIDE FOR MULTIPLE ATTENDEES DISCOUNT.**

FEES - Please check one and include appropriate fee**:

Group	Early Bird*	Regular
<input type="checkbox"/> NAIC State Insurance Dept. Staff	\$300	\$350
<input type="checkbox"/> Other Regulators (State, Federal, Int'l)	\$350	\$400
<input type="checkbox"/> Industry	\$650	\$700

* Early bird registration will be available through April 6, 2012. Online registration will be open until May 11, 2012. Check payments must be received by May 11th in order to be processed. After May 11th, registrations will be handled onsite.

** Register 4 from same company, 5th attends FREE! See reverse.

Registrations cannot be shared. Substitutions from the same organization are acceptable and may be accepted up to one week prior to start of event. No partial registration fees. Not transferable to other meetings or programs.

CHECK PAYMENTS ONLY

Send check payments to:

NAIC

PO Box 87-2339

Kansas City, MO 64187-2339

Cancellation Policy:

Cancellations will be assessed a \$100 cancellation fee if received by May 11, 2012. The cancellation must be in writing and mailed, emailed or faxed to:

NAIC –FRS Education Dept.
1100 Walnut St, Ste 1500
Kansas City MO 64106-2197
Fax: 816-460-7813
email: FRSEducation@naic.org

No conference refunds will be made for requests received after May 11, 2012.

This is for conference registration only. Instructions for hotel reservations will be included in your confirmation email.

Please allow 7 – 10 days for processing. If not received, contact Linda Hunsucker at 816-783-8404 or LHunsucker@naic.org.

Questions: 816-783-8404

Office Use Only

Received: _____

Check #: _____

Amount: _____

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MULTIPLE ATTENDEES DISCOUNT FORM

WHEN 5 OR MORE ATTEND FROM THE SAME COMPANY, THE 5TH PERSON ATTENDS FOR **FREE!**

STATE DEPT.:	1 ATTENDEE	\$300	2 ATTENDEES	\$ 600	3 ATTENDEES	\$ 900	4 ATTENDEES	\$1200	5 ATTENDEES	\$1200
OTHER REG.:	1 ATTENDEE	\$350	2 ATTENDEES	\$ 700	3 ATTENDEES	\$1050	4 ATTENDEES	\$1400	5 ATTENDEES	\$1400
INDUSTRY:	1 ATTENDEE	\$650	2 ATTENDEES	\$1300	3 ATTENDEES	\$1950	4 ATTENDEES	\$2600	5 ATTENDEES	\$2600

2ND NAME: _____
BADGE FIRST NAME: _____
TITLE: _____
COMPANY: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP/POSTAL CODE: _____
COUNTRY: _____ EMAIL: _____
PHONE: _____ FAX: _____

3RD NAME: _____
BADGE FIRST NAME: _____
TITLE: _____
COMPANY: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP/POSTAL CODE: _____
COUNTRY: _____ EMAIL: _____
PHONE: _____ FAX: _____

4TH NAME: _____
BADGE FIRST NAME: _____
TITLE: _____
COMPANY: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP/POSTAL CODE: _____
COUNTRY: _____ EMAIL: _____
PHONE: _____ FAX: _____

FREE! FREE! FREE! FREE! FREE! FREE! FREE!

5TH AND **FREE!** NAME: _____
BADGE FIRST NAME: _____
TITLE: _____
COMPANY: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP/POSTAL CODE: _____
COUNTRY: _____ EMAIL: _____
PHONE: _____ FAX: _____