# 2015 Financial Summit Registration Form

**FOR CHECK PAYMENT ONLY**

**May 27 – 29, 2015**

**Kansas City, MO**

---

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

<table>
<thead>
<tr>
<th>Group</th>
<th>Early Bird*</th>
<th>Regular</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAIC State Insurance Dept. Staff</td>
<td>Waived</td>
<td>Waived</td>
</tr>
<tr>
<td>Other Regulators (State, Federal, Int’l)</td>
<td>Waived</td>
<td>Waived</td>
</tr>
<tr>
<td>Industry</td>
<td>$650</td>
<td>$700</td>
</tr>
</tbody>
</table>

* Early bird registration will be available through April 6, 2015. Online registration will be open until April 25, 2015. Check payments must be received by May 4th in order to be processed. After May 4th, registrations will be handled onsite.  

**4 paid registrations 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 4, 2015. 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: FRSTraining@naic.org

No conference refunds will be made for requests received after May 4, 2015.

---

**Questions:** 816-783-8404

Office Use Only  

Received: ____________  

Check #: ____________  

Amount: ____________

---

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 no confirmation received, contact Linda Hunsucker at 816-783-8404 or LHunsucker@naic.org.
2015 FINANCIAL SUMMIT REGISTRATION FORM

(For check payment only)

May 27 – 29, 2015

Kansas City, MO

Multiple Attendees Discount Form

When 5 or more attend from the same company, the 5th person attends for FREE!

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: ______________________


5th and Free! Name: ____________________________________________
Badge First Name: _____________________________________
Title: _____________________________________________________
Company: _________________________________________________
Address: _________________________________________________
City: __________________________ State: __________ Zip/Postal Code: __________
Country: __________________________ Email: ______________________
Phone: __________________________ Fax: ______________________