

Annual Meeting Registration Guidelines

REGISTRATION DEADLINE: August 13, 2010

REGISTER ONLINE: Pay by credit card or check! www.nfcenet.org

Three Easy Ways to Register!

1. Register Online www.nfcenet.org
Pay by credit card or **Pay by check!**
Select "Mail Check" as payment option (see item #6 for details).
2. Fax Registration Form with Credit Card Information
(815) 338-9658
3. Mail Registration Form(s) with check to:
NFCA
1301 W. 22nd Street, Suite 700 } Note New Address!
Oak Brook, IL 60523

Visa, MasterCard, American Express and Discover accepted for payment.

2010 Annual Meeting Registration Guidelines

Please review these guidelines prior to completing your registration form.

1. Forms must be fully completed and must include payment in full in order to be processed. Submit your completed form and payment as indicated above. All payments must be made in U.S. funds and drawn on a U.S. bank. Please note: Hotel reservations are included on this form or you may reserve your room online at www.nfcenet.org.
2. If you need additional forms, please make copies or download from the NFCA Web site at www.nfcenet.org.
3. Use one form per delegate or representative. Only spouses should be included on the same form as a delegate or representative. Delegate status will be confirmed based on the society/state fraternal congress credentials received from the secretary.
4. If your spouse is a representative of a society, state fraternal congress or organization, he/she **MUST** register on his/her own form at the full price. Your society must be an NFCA member to obtain the member rate. Vendors (independent attorneys, CPAs, actuaries, consultants, etc.) must register using their company information and are considered either Associate Members, who may register at the member rate, or Non-members.

5. All tickets are distributed on-site with name badges, programs and other conference materials. Tickets will be distributed only to the person who ordered them.
6. If "Mail Check" option is selected with online registration, check must be received **within 10 business days**.
Checks not received within 10 business days results in automatic cancellation of registration.
7. Once your registration has been processed, you will receive a meeting registration confirmation via e-mail. Please add meetings@nfcenet.org to your e-mail address book to ensure receipt of confirmation and meeting-related information. If you have not received a meeting registration confirmation e-mail within 10 business days, please contact us to verify receipt.
8. All refund requests must be made in writing (**no exceptions**) to the NFCA registrar.

NFCA Annual Meeting
1301 W. 22nd Street, Suite 700
Oak Brook, IL 60523
meetings@nfcenet.org
Fax (815) 338-9658

Refunds will be processed within 14 business days from receipt of written request. A \$25 processing fee will be deducted from each registration. No refunds will be issued after August 13, 2010.

Questions?

Contact the NFCA Registration Hotline at (815) 338-9668 or meetings@nfcenet.org.

Thank you to our Gold Sponsors.





NFCA Annual Meeting
Chicago, Illinois
September 9-11, 2010

Annual Meeting Registration

REGISTRATION DEADLINE: August 13, 2010
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A. Registration Information *(Please print clearly)*

First Name _____ Middle Initial _____
 Last Name _____
 First Name for Badge _____ First Time Attendee
 Title at Organization _____
 Name of Organization _____
 Address _____
 City _____ St/Prov _____ Postal Code _____ Country _____
 Phone _____ Fax _____
 E-mail *(required for confirmation)* _____ Is this a change of address/e-mail information?
 Fraternal Benefit Society Member State Fraternal Congress Member Associate Member I am not a member of NFCA

If a spouse is also attending the meeting as a companion, please complete the following information for a NAME BADGE. If your spouse or guest is representing a society, state fraternal congress or other organization, he/she MUST register on his/her own form at the full price.

Spouse First Name for Badge _____ First Time Attendee
 Spouse Last Name _____
 Please indicate any special needs (disabilities, food allergies) for you or your spouse: _____

Coordinator Name _____
 Phone/Ext. _____ Fax _____
 Email _____

B. Housing — Chicago Marriott Downtown

Adding a third bed (rollaway bed) is an additional charge of \$20. Please DO NOT contact the hotel directly. Use this form or register online to receive the NFCA group rates.

- Single Occupancy Room \$229.00 Triple Occupancy Room \$249.00
 Double Occupancy Room \$229.00 Quad Occupancy Room \$269.00

Please circle your arrival date: September 5 6 7 8 9 10 11 Other _____ Please circle your departure date: September 9 10 11 12 Other _____

Additional Questions

Number of Beds 1 Bed 2 Beds Roommate's Name _____
 Number of People in Room 1 2 3 4

Hotel Guarantee *(credit card info to guarantee hotel reservation MUST BE PROVIDED)*

Card Number _____ Exp. Date (MM/YY) _____

C. Please RSVP for these Events

All the following are included with your full program registration fee for attendee and spouse if you pay the full program rate. Please advise which you will attend:

- Community Service Activity** Qty _____ Thursday, Sept. 9 at 12:00 – 4:00pm
 Welcome Reception Qty _____ Thursday, Sept. 9 at 6:00 – 7:30pm
 Friday Lunch Qty _____ Friday, Sept. 10 at 11:45am – 1:30pm
 Saturday Mass Qty _____ Saturday, Sept. 11 at 5:00 – 6:00pm
 Closing Reception & Dinner Qty _____ Saturday, Sept. 11 at 6:30 – 10:00pm

D. Section Breakfasts

One Section Breakfast is included with registration. Please select only one from the options below if you plan to attend.

- Presidents Section Breakfast** Qty _____
 Friday, September 10 at 7:30 – 8:45am
 Secretaries/HR Sections Breakfast Qty _____
 Friday, September 10 at 7:30 – 8:45am
 Fraternal & Communications Sections Breakfast Qty _____
 Friday, September 10 at 7:30 – 8:45am
 Investment Section Breakfast Qty _____
 Friday, September 10 at 7:30 – 8:45am

E. Full Program Fees

Full program fees include Community Service Activity, Welcome Reception, Two Breakfasts, Friday Lunch, Closing Reception and Dinner. Please RSVP in boxes C and D which of these activities you plan to attend. Note: Does not apply to Board Institute only.

	Until Aug 13	
<input type="checkbox"/> Member	\$550	\$ _____
<input type="checkbox"/> Spouse	\$500	\$ _____
<input type="checkbox"/> Non-Member	\$1,200	\$ _____
<input type="checkbox"/> Non-Member Spouse	\$1,100	\$ _____
<input type="checkbox"/> Board Institute <i>(For Members Only)</i>	\$399	\$ _____
Tuesday, Sept 7 through Thursday, Sept 9		
<input type="checkbox"/> Board Institute and Annual Meeting <i>(For Members Only)</i>	\$949	\$ _____
Full Program Fees Subtotal		\$ _____

Optional Activities and Extra Tickets

Please advise if you plan to attend the optional events listed below or require any additional tickets to the Closing Banquet.

- White Sox Baseball Game** *(Optional)* Qty _____ \$125.00 each \$ _____
 Friday, September 10 at 5:30pm
 Closing Reception & Dinner *(Additional)* Qty _____ \$175.00 each \$ _____
 Saturday, September 11 at 6:30 – 10:00pm
 Optional Tour—Chicago Architectural River Cruise Qty _____ \$75.00 each \$ _____
 Saturday, September 11 at 1:30 – 4:00pm

Optional Activities/Extra Tickets Subtotal \$ _____

GRAND TOTAL \$ _____

F. Payment

- Check enclosed (make checks payable to "NFCA")
 Charge to Credit Card: Visa MasterCard AMEX Discover
 Check if personal credit card

Name of Card Holder *(Exactly as it Appears on Card)* _____

Card Number _____ Exp. Date (MM/YY) _____

Signature of Card Holder _____ Security Code _____