

WIDE WORLD OF SALES 2010 REGISTRATION FORM

January 13-15, 2010 • Hilton New Orleans Riverside • www.wideworldofsales.com

Name _____ Nickname (for badge) _____

Title _____

Company _____

Address _____

City _____ State/Prov _____ Zip/Postal Code _____

Phone () _____ Fax () _____

E-mail address _____

Web address _____

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

Indicate if you are a: CCE CCrE CFuE CCFE CFSP CCCE CSE Is this your first ICCFA Sales Conference? Yes No

Are you a: Counselor Manager Owner Other _____

Are you attending as part of a sales contest or incentive program, or because you are a "top producer" at your location? Yes No

For Thursday's lunch, I plan to attend: The counselors-only lunch with Gary O'Sullivan The managers' networking lunch

PAYMENT MUST ACCOMPANY REGISTRATION FORM IN ORDER TO RECEIVE EARLY REGISTRATION DISCOUNT

YOUR REGISTRATION FEE INCLUDES: Two-day educational seminar, ICCFA take-home binder filled with handouts and "how to" instructions, registration directory (to facilitate networking), Wednesday evening Welcome Reception, Thursday luncheon and morning coffee.

★★★★ **NO RATE INCREASE SINCE 2008** ★★★★★

REGISTRATION	Before 12/9	After 12/9
\$ _____ ICCFA Member:	\$450	\$505
\$ _____ Non-ICCFA Member:	\$565	\$565

Or send multiple staff and save even more!

\$ _____ 2-4 attendees: **\$415 each**

\$ _____ 5 or more attendees: **\$395 each**

EXTRA RECEPTION TICKETS FOR SPOUSES/GUESTS

The following event is included in your full registration fee.

Extra tickets may be purchased for spouses/guests.

\$ _____ Wednesday evening Welcome Reception
(_____ tickets @ \$40 each)

\$ _____ TOTAL DUE

CHECK (Please make payable to ICCFA)

DISCOVER VISA MASTERCARD AMERICAN EXPRESS

Name on credit card _____

Credit card # _____

Exp. Date _____

Security ID# _____ (3-digit number on back of card or 4-digit number on front of American Express card)

Signature _____

Card's Billing Address (required) _____

CANCELLATION POLICY: Registrants canceling their registrations by December 9, 2009, will receive refunds. All cancellations must be in writing and will be subject to a \$50 per person processing fee. Registrations canceled after December 9, 2009, will not be refunded. Ticket refunds will be offered if cancellation request is received in writing by December 9, 2009, less a \$5 processing fee per event.

REGISTRATION LIST: Registrations received by December 9, 2009, will be included on the Conference Registration List.

ICCFA Use Only _____
Date Rec'd _____
Ind ID# _____
Co ID# Check# _____
Total \$ _____

Please return this form with payment to:
ICCFA Meetings Dept. • 107 Carpenter Dr., Ste. 100 • Sterling, VA 20164
or fax to 703.391.8416 • 1.800.645.7700 • www.iccfa.com