



RETAIL SEMINAR AND THINK TANK

Monday, September 20, 12:00-5:00 p.m.

at theMART

5:30 p.m. Reception



Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Attendee 1: _____ Email: _____

Attendee 2: _____ Email: _____

Attendee 3: _____ Email: _____

Attendee 4: _____ Email: _____

Attendee 5: _____ Email: _____

Attendee 6: _____ Email: _____

Amount to be charged: ICFA Member \$50 each = _____ ICFA Non-Member \$75 each = _____

Credit Card #: _____ Exp: _____ 3-digit code: _____

Name on Card: _____ Authorized By: _____

Billing Address (if different than address listed above):

Street: _____ City: _____ State: _____ Zip: _____

Please email completed registration forms to Michele Morris at mmorris@ICFAnet.org.

Questions? Email Michele!