



# Annual Meeting Registration Guidelines

**EARLY-BIRD DATE: July 1, 2009 (for lowest rates)**

**REGISTER ONLINE: Pay by credit card or check! [www.nfcenet.org](http://www.nfcenet.org)**

## Three Easy Ways to Register!

1. Register Online [www.nfcenet.org](http://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 with check to:  
**NFCA**  
**1315 W 22nd Street, Suite 400**  
**Oak Brook, IL 60523**

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

## 2009 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: **NEW THIS YEAR** – Hotel reservations are included on this form. Please **DO NOT** contact the hotel directly.
2. If you need additional forms, please make copies or download from the NFCA Web site at [www.nfcenet.org](http://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](mailto: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. Hotel room confirmations will be e-mailed by September 1.
8. All refund requests must be made in writing (**no exceptions**) to the NFCA registrar.

NFCA Annual Meeting  
1315 W. 22nd Street, Suite 400  
Oak Brook, IL 60523  
[meetings@nfcenet.org](mailto:meetings@nfcenet.org)  
Fax (815) 338-9658

Refunded amounts will be based on requests received by the following dates:

By July 31	Registration fee less \$25 processing fee per registrant
By August 1–14	Refund of 50% of registration fees
After August 14	No refund

All refunds will be processed and mailed beginning October 20, 2009.

## Questions?

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

**Thank you to our Gold Sponsors.**





# Annual Meeting Daily Registration—Members Only

**EARLY-BIRD DATE: July 1, 2009 (for lowest rates)**

**REGISTER ONLINE: Pay by credit card or check! [www.nfcenet.org](http://www.nfcenet.org)**

## 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 \_\_\_\_\_

Home or  Work Address \_\_\_\_\_

City \_\_\_\_\_ St/Prov \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail *(required for confirmation)* \_\_\_\_\_ Is this a change of address/e-mail information?

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: \_\_\_\_\_

## B. Housing — Grand Hyatt San Antonio—New This Year!

*Please note there are 2 Hyatts in San Antonio. The NFCA Annual meeting is located at the Grand Hyatt at 600 East Market Street. Adding a third bed (rollaway bed) is an additional charge of \$20. Please DO NOT contact the hotel directly. The NFCA registrar will process all hotel reservation requests and send you a hotel confirmation number by September 1.*

- Single Occupancy Room \$199.00  Triple Occupancy Room \$249.00  
 Double Occupancy Room \$224.00  Quad Occupancy Room \$274.00

Please circle your arrival date: September 14 15 16 17 18 19 Other \_\_\_\_\_ Please circle your departure date: September 17 18 19 20 Other \_\_\_\_\_

### Additional Questions

Number of Beds  1 Bed  2 Beds Roommate's Name \_\_\_\_\_  
 Number of People in Room  1  2  3  4 Smoking  No  Yes

### Hotel Guarantee *(credit card information to guarantee hotel reservation)*

Card Number \_\_\_\_\_ Exp. Date (MM/YY) \_\_\_\_\_

## C. Please RSVP for these Events

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

- Opening Session/Lunch** Qty \_\_\_\_\_ Thursday, Sept. 17 at 11:30am – 1:00pm  
 **Community Service Activity** Qty \_\_\_\_\_ Thursday, Sept. 17 at 1:00 – 5:00pm  
 **Welcome Reception** Qty \_\_\_\_\_ Thursday, Sept. 17 at 6:00 – 7:30pm  
 **Friday Lunch** Qty \_\_\_\_\_ Friday, Sept. 18 at 12:00 – 1:30pm  
 **Fraternal 100 Meeting** Qty \_\_\_\_\_ Friday, Sept. 18 at 5:00 – 6:00pm  
 **SFC Meeting** Qty \_\_\_\_\_ Friday, Sept. 18 at 5:00 – 6:00pm  
 **Saturday Mass** Qty \_\_\_\_\_ Saturday, Sept. 19 at 5:00 – 6:00pm  
 **Closing Reception & Dinner** Qty \_\_\_\_\_ Saturday, Sept. 19 at 7:00 – 10:00pm

## D. Section Breakfasts

*Please select only one from the options below if you plan to attend.*

- Presidents Section Breakfast** Qty \_\_\_\_\_  
 Friday, September 18 at 7:30 – 8:45am  
 **Secretaries/HR Sections Breakfast** Qty \_\_\_\_\_  
 Friday, September 18 at 7:30 – 8:45am  
 **Fraternal & Communications Sections Breakfast** Qty \_\_\_\_\_  
 Friday, September 18 at 7:30 – 8:45am  
 **Investment Section Breakfast** Qty \_\_\_\_\_  
 Friday, September 18 at 7:30 – 8:45am

## E. Daily Fees *(Available for Members Only)*

*Friday fees include one Section Breakfast, General Session, Lunch, Workshops, Section Networking. Saturday fees include Workshops, General Session, Closing Reception and Dinner. Please RSVP in boxes C and D which of these activities you plan to attend.*

	Until July 1	July 1-Sept 1	
<b>Members</b>			
<input type="checkbox"/> Friday Only	\$300	\$400	\$ _____
<input type="checkbox"/> Saturday Only	\$350	\$450	\$ _____
<b>Daily Fees Subtotal</b>			\$ _____

## 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.*

<input type="checkbox"/> <b>Board Institute <i>(Optional)</i></b>	Qty _____	\$399.00 each	\$ _____
Tuesday, Sept 15 at 12:00pm through Thursday, Sept 17 at 11:30am			
<input type="checkbox"/> <b>Dinner at the Alamo <i>(Optional)</i></b>	Qty _____	\$125.00 each	\$ _____
Friday, September 18 at 6:00 – 8:30pm			
<input type="checkbox"/> <b>Closing Reception &amp; Banquet <i>(Additional)</i></b>	Qty _____	\$175.00 each	\$ _____
Saturday, September 19 at 7:00 – 10:00pm			
<input type="checkbox"/> <b>Optional Tour – City Highlights</b>	Qty _____	\$49.00 each	\$ _____
Saturday, September 19 at 1:00 – 4:30pm			
<b>Optional Activities/Extra Tickets Subtotal</b>			\$ _____
<b>GRAND TOTAL</b>			\$ _____

## 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 \_\_\_\_\_