

Register Today!

ASCnet Summit New Orleans
Summit Registration Form
May 20-21, 2010

How to Register:

FAX:
your completed form to
ASCnet at (407) 869-0418
Attn: Lori Schipman

MAIL:
your completed form to
ASCnet, 801 Douglas Ave. Ste 205
Altamonte Springs, FL 32714
Attn: Lori Schipman

First Name: _____
Last Name: _____
Name for Badge (if different): _____
E-mail Address: _____
Name of Agency/ Brokerage: _____
Agency Address: _____
Agency City: _____
State/ Prov.: _____
Agency Zip/ Postal Code: _____
Agency Phone: _____

Please select one:

TAM VISION EPIC

Primary Job Function:

Acct/ Bookkeeper Marketing
 Bus. Dev. Admin Office Mgr/Ops
 CEO/ CIO/ CFO/ COO Principal/ Owner
 Claims Producer/ Agent
 Company Rep Sales Mgr
 CSR Trainer
 Interface Underwriter
 Manager

Registration Fees


- \$395 Member Early Bird (on or before 4/30)
- \$495 Member Regular (5/1 and beyond)
- \$315 Member One Day: **Thursday** (includes reception)
- \$295 Member One Day: **Friday**

- \$715 Non-Member (includes ASCnet membership)
- \$149 Guest Meal Pass (includes 2 breakfasts, 2 lunches and the networking reception - education classes excluded)
- Persons with a disability who require assistance should contact ASCnet in order to discuss accommodations: (407) 869-0404.

Pre-registration is required for CE classes: CE classes are complimentary

Pre-registration must be received by March 19.

- Claim Handling for Non-Claim Professionals (3 CE credits)
Ins. License # _____
Thursday, May 20 | 1:15pm - 5:00pm
- Equipment Breakdown Insurance - Boiler 101 (3 CE credits)
Ins. License # _____
Friday, May 21 | 8:15am - 12:00pm

Offered by The Travelers Companies, Inc. **TRAVELERS** 

Space is limited. See class descriptions for details. You will be notified by the ASCnet office once your registration is confirmed.

Total Payment Amount: _____

Payment: Check (payable to ASCnet, Inc.)

Credit Card Visa MasterCard American Express

Cardholder Name: _____

Credit Card #: _____

3-4 digit CVV# **Security Code (REQUIRED):** _____ Expiration Date: _____

Cardholder Signature: _____

Cancellation Policy: Cancellation policy applies to all fees. All cancellations must be in writing via mail, e-mail or fax. You will receive a full refund minus a \$50 administrative fee if received by 3/19. You will be given 50% of your paid fees if received between 3/20 - 4/30. **No refunds will be given after April 30, 2010.** To cancel your hotel reservation, please call the hotel directly: 1-888-627-7033.

I agree that by registering for this event, I will allow the information that I have provided in this registration form (excluding financial and disability information) as well as my image or likeness to be reproduced by ASCnet or the sponsoring chapters in any media, including, for example, electronic or print form, for use on web sites, or in any other publications, promotions, or presentations created by ASCnet, or for use by sponsors and exhibitors in accordance with the ASCnet Privacy policy in ASCnet's sole discretion. This allows me to receive correspondence such as non-ASCnet private reception invitations, special offers and other valuable information pertaining to the event. If you do not wish to receive this information, check here ().