ONLINE REGISTRATION FORM

(Tab through the gray boxes to complete the online form)

Dates:
Sept. 8 - Sept. 10 2004

Seminar Fee Includes:

Wednesday
Registration and Welcome Reception with Cocktails and Appetizers

Thursday
Breakfast, Refreshment Breaks, Lunch, Cocktail Reception & Dinner

Friday
Breakfast & Morning Refreshment Break

No Audio or Video Taping of program permitted

☐ If you have special needs addressed by the Americans with Disabilities Act, please check here and attach a statement regarding your particular needs.

Registrations received with payment By AUGUST 11, 2004

☐ Servicers and Government Agencies	$215
☐ USFN Members and Associate Members	$315

Registrations received with payment AFTER AUGUST 11, 2004

☐ Servicers and Government Agencies	$260
☐ USFN Members and Associate Members	$360

USFN "NO RAIN" GOLF TOURNAMENT • September 8, 2004

☐ FREE for the first 50 Servicers & Government Agencies
☐ $80 If you participated in the rained out June 9th Golf Tournament
☐ $125 USFN Members & Associate Members

SERVICER GROUP DISCOUNTS ONLY (TO QUALIFY ALL GROUPS MUST REGISTER TOGETHER)

☐ 6 or more 10% ☐ 11 or more 15% ☐ 21 or more 20%

USFN MEMBER SPONSORSHIP FEES*

☐ Gold Sponsorship – $600/Firm ☐ Silver Sponsorship – $350/Firm

*Available to USFN Members only. You will be assisting us in providing servicer panelist discounts, guest speakers and door prizes. Your firm will receive special sponsorship ribbons on each employee name badge, recognition during each general session and signage in our registration packets.

USFN Associate Members please contact Alan Shepherd at 800.635.6128 x214 or at ashepherd@usfn.org for event sponsorship opportunities.

Registration Information

First Name | Last Name | Preferred Name for Badge

Title | Company Name

Company Street Address

Company City | State | Zip

Email Address

Business Phone | Business Fax

Payment Information

☐ I will ☐ I will NOT attend Thursday dinner

Please note any special dietary needs: _____

☐ Payment of $ _____ enclosed (make check payable to USFN) or, bill my

☐ Visa ☐ Mastercard ☐ American Express

Credit Card Number | Exp. Date | $ Amt. of Charge

Credit Card Billing Address (if different from above)

Name as it appears on card | Signature

Cancellation Refund Policy

by August 18	by August 25	after August 25
100%	50%	no refund

Mail, email or fax this form to:
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info: (800) 635-6128, ext 217 • fax: (714) 573-2650 • www.usfn.org • email: register@usfn.org