# REGISTRATION FORM

This form can be filled out on screen!

**Dates:**
**April 20 - 22 2005**

**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 MARCH 8, 2005 | | Registrations received with payment AFTER MARCH 8, 2005 | |
|---|---|---|---|
| ☐ Servicers and Government Agencies | $250 | ☐ Servicers and Government Agencies | $350 |
| ☐ USFN Members and Associate Members | $350 | ☐ USFN Members and Associate Members | $450 |

## 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

Please tab/ click through the boxes to fill out the form on-screen

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 March 29 | by April 5 | after April 5 |
|---|---|---|
| 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