



ICFA Educational Conference
January 16-18, 2018
W Fort Lauderdale Hotel – Fort Lauderdale, Florida

Return with payment to: Jackie Hirschhaut, ICFA
 1912 Eastchester Drive, Suite 100
 High Point, NC 27265
 Fax to 336/884-5303 or email to Jackie@ICFAnet.org

| | |
|--------------------|----------------------|
| Attendee _____ | Name for badge _____ |
| Email _____ | Phone _____ |
| Spouse/Guest _____ | Name for badge _____ |
| Associate _____ | Name for badge _____ |
| Email _____ | Phone _____ |
| Associate _____ | Name for badge _____ |
| Email _____ | Phone _____ |

REGISTRATION FEES:

RETAILERS:

_____ ICFA Retail Member, Spouse or Associate **FREE**

SALES REPRESENTATIVES:

_____ ICFA Sales Rep Member @ \$249 \$ _____
 _____ ICFA Sales Rep Member's Spouse or Associate (per person) @ \$199 \$ _____

MANUFACTURERS AND SUPPLIERS:

_____ ICFA Manufacturer and Supplier Member August 6 through September 30 @ \$549 \$ _____
 _____ ICFA Manufacturer and Supplier Member's Associate August 6 through September 30 (per person) @ \$449 \$ _____
 _____ ICFA Manufacturer and Supplier Member after October 1 @ \$649 \$ _____
 _____ ICFA Manufacturer and Supplier Member's Associate after October 1 (per person) @ \$549 \$ _____
 _____ ICFA Manufacturer and Supplier Spouses (at any time) @ \$299 \$ _____

Golf Tournament Fees at the Fort Lauderdale Country Club:

_____ Player Name: _____ Handicap _____ @ \$150 \$ _____
 _____ I need to rent clubs (additional charge) Left hand/Right hand _____
 _____ Player Name: _____ Handicap _____ @ \$150 \$ _____
 _____ I need to rent clubs (additional charge) Left hand/Right hand _____
 _____ Add. Player Name: _____ Handicap _____ @ \$150 \$ _____
 _____ I need to rent clubs (additional charge) Left hand/Right hand _____

Design Tour: (no cost to members; scheduled for the same day and time as golf outing)

Name _____ Name _____ Name _____ Name _____

TOTAL \$ _____

COMPANY _____ PHONE _____

ADDRESS, CITY, STATE, ZIP _____

Charge to: MasterCard / Visa / American Express / Discover _____

**IMPORTANT: If the billing address for the credit card is different from the company address above, please list the complete name, address and zip code.*

Expiration: _____ Code: _____ Signature: _____

Billing Name _____ Phone _____

Billing Address _____

E-mail address for confirmation: _____

Full refunds will be given for cancellations received on or before Wednesday, December 15, 2017. Registrants canceling after that date and "no shows" will be assessed the full amount. Substitutions may be made at any time.

Questions? Please call Jackie Hirschhaut at 336/881-1016 or send a message to Jackie@ICFAnet.org