



**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](mailto: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 through August 5	@ \$199	\$ _____
_____ ICFA Sales Rep Member's Spouse or Associate through August 5 (per person)	@ \$149	\$ _____
_____ ICFA Sales Rep Member August 6 through September 30	@ \$249	\$ _____
_____ ICFA Sales Rep Member's Spouse or Associate August 6 through September 30 (per person)	@ \$199	\$ _____
_____ ICFA Sales Rep Member after October 1	@ \$349	\$ _____
_____ ICFA Sales Rep Member's Spouse or Associate after October 1 (per person)	@ \$249	\$ _____

MANUFACTURERS AND SUPPLIERS:

_____ ICFA Manufacturer and Supplier Member through August 5	@ \$499	\$ _____
_____ ICFA Manufacturer and Supplier Member's Associate through August 5 (per person)	@ \$399	\$ _____
_____ 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](mailto:Jackie@ICFAnet.org)