



ICFA EDUCATIONAL CONFERENCE - CHARTING TOMORROW TOGETHER

FEBRUARY 4-7, 2020

KONA KAI RESORT & SPA, SAN DIEGO, CALIFORNIA

Attendee: _____ Name for badge: _____

Phone: _____ Email: _____

First-Time Attendee: _____ YES _____ NO

Spouse/Guest: _____ First-Time Attendee: _____ YES _____ NO

Attendee 2: _____ Name for badge: _____

Phone: _____ Email: _____ First-Time Attendee: _____ YES _____ NO

Attendee 3: _____ Name for badge: _____

Phone: _____ Email: _____ First-Time Attendee: _____ YES _____ NO

Attendee 4: _____ Name for badge: _____

Phone: _____ Email: _____ First-Time Attendee: _____ YES _____ NO

REGISTRATION FEES:

RETAILERS (PER PERSON):

_____ ICFA Retail Member, Spouse or Associate @ \$99 \$ _____

SALES REPRESENTATIVES (PER PERSON):

_____ ICFA Sales Rep Member, Spouse or Associate @ \$99 \$ _____

MANUFACTURERS AND SUPPLIERS (PER PERSON):

_____ ICFA Manufacturer and Supplier Member August 10 through September 30 @ \$549 \$ _____

_____ ICFA Manufacturer and Supplier Member's Associate August 10 through September 30 @ \$449 \$ _____

_____ ICFA Manufacturer and Supplier Member after October 1 @ \$649 \$ _____

_____ ICFA Manufacturer and Supplier Member's Associate after October 1 @ \$549 \$ _____

_____ ICFA Manufacturer and Supplier Spouses (at any time) @ \$299 \$ _____

Golf Tournament Fees at Torrey Pines South Golf Club, February 4:

_____ Player Name: _____ Handicap _____ @ \$325 \$ _____

_____ I need to rent clubs Left hand/Right hand _____ I have a car _____ I need a ride _____

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_____ I need to rent clubs Left hand/Right hand _____ I have a car _____ I need a ride _____

TOTAL \$ _____

Retail Design Tour, February 4: (no cost to members) Name _____ Name _____ Name _____ Name _____

COMPANY _____ PHONE _____

ADDRESS, CITY, STATE, ZIP _____

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

Expiration: _____ Code: _____ Signature: _____

*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.

Billing Name _____ Phone _____

Billing Address _____ City, State, Zip _____

E-mail address for confirmation: _____

Full refunds will be given for cancellations received on or before Friday, January 3, 2020. 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

Return with payment to: Jackie Hirschhaut, ICFA, 1912 Eastchester Drive, Suite 100, High Point, NC 27265 or Email to Jackie@ICFAnet.org