

AFIA • EMC 2019 REGISTRATION FORM

SIGN UP TODAY!

We offer four convenient options:



ONLINE

www.afia.org • click "educational materials" tab



FAX

(703) 650-0145



MAIL

AFIA
2101 Wilson Blvd.
Suite 10
Arlington, VA 22201



EMAIL

register@afia.org

Full Name: _____

Badge Name (Nickname): _____ Spouse Name (if attending): _____

Company: _____

Job Title: _____

Mailing Address: _____

City: _____ State / Zip / Country (if outside US): _____

Phone: _____ Email: (required) _____

REGISTRATION FEES

Early Bird Deadline:

October 4, 2019 C.O.B.

Regular/Pre-Registration:

October 5 - October 25, 2019 C.O.B.

Your fees cover the conference, all program materials, meals (except for the Friday night dinner) and receptions.

	Early Bird	Regular Pre-Registration	Friday Night Dinner	Registration fee sub-total
AFIA Member	\$720	\$770	\$99	
Additional Member	\$620	\$670	\$99	
Non-Member	\$1,415	\$1,515	\$99	
Spouse	\$275	\$325	\$99	
TOTAL REGISTRATION FEES:				\$

GOLF

All golfers must be registered for EMC in order to participate in the event.

	Golf	Club Rental?	Right or Left Handed Clubs?	Golf fee sub-total:
Primary Registrant	\$199	\$82	L R	
Spouse	\$199	\$82	L R	
TOTAL GOLF FEES:				\$

SCHOLARSHIP FUND

Would you like to make a donation towards the EMC scholarship fund? Your donation amount will be charged with your registration fee.

\$50 \$100 \$Other Amount: _____

Please check here if you would like a receipt for your scholarship donation.

TOTAL SCHOLARSHIP FUND: \$

PAYMENT

Cancellation and Refund Policy

A 90% refund is available if you notify AFIA of cancellation in writing by Sept. 20, 2019. A 50% refund is available when received prior to Oct. 25, 2019. No refund is available after Oct. 27, 2019.

AFIA Antitrust Compliance & Confidentiality Policy

By registering for this event, you agree to abide by the AFIA Antitrust Compliance & Confidentiality Policy. For a copy of the policy, please visit the registration desk on-site or contact us at register@afia.org.

Payment Method: Check Visa Mastercard American Express

Card Number: _____ Exp. Date: _____

Cardholder Name: _____ Security Code: _____

Billing Address: _____
If different from above

REGISTRATION FEES:	\$
GOLF FEES:	\$
SCHOLARSHIP FUND:	\$
I authorize AFIA to process a one-time charge for this TOTAL AMOUNT DUE: \$	

SUBMIT TO AFIA