PSCA Conference Registration Form

I am registering for:

- ☐ Midwest Regional Conference • April 17, 2008 • Chicago, IL
  - ☐ **$350 per registrant per conference for PSCA members**
  - ☐ **$495 per registrant per conference for non-members**
- ☐ Public Policy Fly-In • June 4, 2008 • Washington DC
  - ☐ **$295 per registrant per conference for PSCA members**
  - ☐ **$395 per registrant per conference for non-members**

Introduction to Profit Sharing and 401(k) Plans
(special half-day, pre-conference session **April 16, 2008** from 1 p.m.to 5 p.m.)

- ☐ $195 per registrant for PSCA members
- ☐ $295 per registrant for non-members
- ☐ Complimentary for companies that joined PSCA in 2007/2008 **and** all existing plan sponsor member companies. **(Limit 1 person per company.)**

Name: _____

Company: _____

Your company is a: ☐ **Plan Sponsor** ☐ **Service Provider**

Address: _____
City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

E-mail: _____

Title: _____ **Badge Name:** _____

Special Assistance (including food allergies, etc.): _____

- Please photocopy this form for additional registrants
- Registration will be confirmed by e-mail or fax upon receipt of the registration fees
- This fee includes continental breakfast and lunch. Breakfast service and registration begins 45 minutes prior to conference start.
- **Registrants who cancel at least one month prior to the conference will recieve a full refund less a $150 administrative fee. Requests for refunds must be in writing and should be faxed and confirmed to 312.419.1864.**
- In the unlikely event that a program is cancelled, a complete refund will be issued. Refunds will be mailed no later than 60 days following the conference date. If desired, a credit applicable toward a future conference will be used.

Payment Information:

Amount enclosed or to be charged: $_____

- ☐ I have enclosed a check made payable to PSCA
- ☐ Please charge my credit card:
  - ☐ Visa ☐ MasterCard ☐ Amercian Express

Credit Card No.: _____ Exp. Date: _____

Name on Card: _____

Signature: _____

Billing address if different than registration: _____

Please fax this form to **312.419.1864** or return with payment to:
PSCA Attn.: Regional Conference Special Offer 20 N. Wacker Dr. Suite 3700 Chicago, IL 60606

If you have any questions, please contact Connie Mullis at 205.995.6743 or cmullis@psca.org