

ALABAMA LENDERS ASSOCIATION

2009 17th ANNUAL CONVENTION REGISTRATION FORM

Attendee Registration

Last Name _____ Badge Name (first name only) _____

Company Name _____
(as it should appear on name badge)

Mailing address _____

City _____ State _____ Zip _____

Office Phone _____ Fax _____ Email _____

GUEST REGISTRATION (Spouse/Companion)

Last Name _____ Badge Name (first name only) _____

CHILD REGISTRATION (Applicable to children ages 10 and under)

Last Name _____ Badge Name (first name only) _____

Last Name _____ Badge Name (first name only) _____

PLEASE CHECK: () Regular Member () Associate Member () Non-Member () Speaker () Guest

To assist the Association in guaranteeing meal functions, please indicate the number planning to attend each function:

___ Reception/Thursday ___ Continental Breakfast/Friday ___ Buffet/Friday ___ Breakfast/Saturday ___ Dinner/Saturday

CONFERENCE REGISTRATION

Please fill in appropriate fee for your registration category and include payment with completed form.

Fee Schedules: Member and Spouse: \$275 each; Children 10 and under \$45 each (received by May 15th; after May 15th \$350 and Children \$60.)
Non-Member and Spouse: \$325 each; Children \$65.

	Registration Fee		Additional Options
Member Registration	_____		Golf Friday _____ \$75.00 x _____
Spouse/Companion	_____		Golf Saturday(Tournament) _____ \$75.00 x _____
Non-Member Registration	_____		Fishing Friday _____ \$150.00 x _____
Non-Member Spouse	_____		
Child	_____		
Child	_____		
Special Food (Vegetarian)	_____		
Sub Total	_____		Sub Total _____
Sub Total Of Options	_____		
Grand Total of all Registration Fees:	_____		Golf Handicap _____ Average _____

In consideration of accepting this entry, I intending to be legally bound, for myself, heirs, and executors waive and release any and all rights and claims for losses and damages I may have against the Alabama Lenders Association, its agents and representatives for any and all injuries suffered by me or my family members in any Additional Options activities:

Signature _____ Date _____

(For Association use only) _____

Check No: _____ Date: _____ Amount: _____