



LAS VEGAS, NV | MANDALAY BAY CONVENTION CENTER | OCTOBER 18–21, 2020

Please complete and fax credit card payment to: +1 301.907.2864. Or, mail check payment to: AFP, P.O. Box 64714, Baltimore, Maryland 21264

1 REGISTRATION INFORMATION Please type or print.☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. AFP Member # _____Full Name _____
FIRST MIDDLE INITIAL LAST SUFFIX

Title _____ Company _____

☐ I am a CTP, CTP (CD), CCM, or FP&A and will attend the Certification Luncheon. ☐ My company is exhibiting **and** I am working the booth
☐ Home OR ☐ Business

Address _____ City _____

State/Province _____ Zip/Postal Code _____ Country _____

Phone _____ E-mail _____

Preferred first name for badge _____

2 REGISTRATION

Registration	Postmark Received	Member	Non-Member (See 5)
Early	By June 26, 2020	<input type="checkbox"/> \$1,274	<input type="checkbox"/> \$1,669
Standard	By September 18, 2020	<input type="checkbox"/> \$1,649	<input type="checkbox"/> \$2,044
On-site	If you need to pay by check after September 18, 2020 please contact us.	<input type="checkbox"/> \$1,999	<input type="checkbox"/> \$2,294

(SPG) SPOUSE/PARTNER REGISTRATION ☐ Add \$250 ☐ Add \$250

(Spouse/Partner cannot be a practicing financial professional, seller/provider of finance or treasury solutions and services, employed by a company in the industry or a consultant to the industry. Spouse/Partner registration includes admission to the Exhibit Hall, Keynotes, AFP social events and meals, but not educational sessions.)

Spouse/Partner full name _____

Preferred first name for spouse/partner badge _____

	Member	Non-Member
Total Amount Due	\$ _____	\$ _____

3 METHOD OF PAYMENT**All payments must be made in U.S. Dollars drawn on a U.S. bank. Federal Tax ID 58-1424769**☐ Check Enclosed ☐ American Express ☐ MasterCard ☐ Visa ☐ Discover Card

Card# _____ Exp. Date _____

Print Cardholder Name _____

Signature _____

To avoid duplicate credit card charges, do not mail previously faxed registrations to the AFP P.O. Box.**4 GENERAL INFORMATION**

Please indicate your...

- Relationship to finance** (Check one)
 - ☐ Practitioner - I perform/manage finance functions.
 - ☐ Associate - I sell to finance/treasury departments, or I perform consulting.
 - ☐ Academic - I teach finance full-time.
- Job level** (Check one)
 - ☐ Non-Financial Executive Level - CEO, CIO, COO, President, Chair, Chief
 - ☐ Financial Executive Level - CFO, Financial Controller, Treasurer
 - ☐ Senior Management - Assistant Treasurer, Assistant Controller
 - ☐ Management Level - Director of Finance, Treasury, Risk, Other
 - ☐ Staff Level - Analyst, Manager, Accountant, Cash Manager
 - ☐ VP Level - VP of Treasury, Finance, Risk, Other
- Organization's industry** (Check one)

<input type="checkbox"/> Banking	<input type="checkbox"/> Health Services
<input type="checkbox"/> Business Svcs./ Consulting/Legal	<input type="checkbox"/> Hospitality/Travel/ Transportation
<input type="checkbox"/> Comm./Media/ Info. Provider	<input type="checkbox"/> Information Technology
<input type="checkbox"/> Education	<input type="checkbox"/> Insurance
<input type="checkbox"/> Energy/Utility/ Petroleum	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Financial Services	<input type="checkbox"/> Non-profit
<input type="checkbox"/> Government	<input type="checkbox"/> Other
	<input type="checkbox"/> Retail/Wholesale/ Distribution
- Organization's annual revenue** (Check one)

<input type="checkbox"/> Under \$10 million	<input type="checkbox"/> \$1-4.9 Billion
<input type="checkbox"/> \$10-99.9 million	<input type="checkbox"/> \$5-9.9 Billion
<input type="checkbox"/> \$100-249.9 million	<input type="checkbox"/> \$10-20 Billion
<input type="checkbox"/> \$250-499.9 million	<input type="checkbox"/> Over \$20 Billion
<input type="checkbox"/> \$500-999.9 million	
- Gender:** ☐ Male ☐ Female
- Date of Birth (MM/DD/YYYY):** ____/____/____



LAS VEGAS, NV | MANDALAY BAY CONVENTION CENTER | OCTOBER 18–21, 2020**5 NON-MEMBERS JOIN AFP FOR NO EXTRA CHARGE**

Your non-member application grants you full AFP membership. Upon submitting your application, you will become enrolled as an AFP member at no additional charge. New memberships are 12-months in duration based upon the month in which you join. For example, individuals whose AFP membership begins in April will have an expiration date of March 31 the following year.

6 POLICY INFORMATION

No one under the age of 21 is permitted to attend conference functions.

Cancellation Policy: AFP accepts only written cancellations to customerservice@AFPonline.org. Cancellations for registrations postmarked on or before September 18, 2020, will receive a refund of the registration fee. There are no refunds for cancellations postmarked after September 18, 2020. Membership is not refundable. Registrants are responsible for canceling their own hotel accommodations. **There is no processing fee charge for AFP 2020.**

Substitution Policy: If you cannot attend the conference, you may substitute another person from your company. Once a badge is picked up on site, it cannot be substituted. All requests for substitutions must be made in writing with a completed registration form. If you must substitute after September 18, 2020 – do not send materials to AFP – these will be processed on site. **We have reduced the substitution processing fee by \$100 for AFP 2020 (a member substitution will cost \$0, a non-member substitution will cost \$395).**

Photography Disclosure: Upon registering for the event, you are providing AFP the irrevocable right to use your photograph for AFP advertising, trade and promotion.

Special Assistance: If you have a disability and require special assistance and/or have medical or religious dietary restrictions, please specify your needs to customerservice@AFPonline.org at least two weeks before the event so that we may accommodate your needs.

Questions: Please call: +1.301.907.2862 and ask for the Customer Service department during the hours of 8:30 a.m.–5:00 p.m. ET, Monday thru Friday or email customerservice@AFPonline.org.

FOR OFFICE USE ONLY	CC/CK# _____
ID# _____	Amt. \$ _____
Reg.# _____	LB Date _____