

**CHICAGO, ILLINOIS | MCCORMICK PLACE | NOVEMBER 4-7, 2018**

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 <b>5</b> )       |
|--------------|---|----------------------------------|----------------------------------|
| Early        | By May 18, 2018   | <input type="checkbox"/> \$1,274 | <input type="checkbox"/> \$1,669 |
| Standard     | By September 28, 2018   | <input type="checkbox"/> \$1,649 | <input type="checkbox"/> \$2,044 |
| On-site      | If you need to pay by check after September 28, 2018 please contact us. | <input type="checkbox"/> \$1,899 | <input type="checkbox"/> \$2,294 |

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

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

Spouse/Partner full name \_\_\_\_\_

Preferred first name for spouse/partner badge \_\_\_\_\_

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

**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):** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**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.*

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## 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. Annual dues (\$495) may be deductible as a business expense but are not deductible as a charitable contribution. Of the \$495 in annual membership dues, \$45 is applied toward a one-year subscription to AFP Exchange, which is inseparable from dues and disclosed per USPS regulations.

## 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](mailto:customerservice@AFPonline.org). Cancellations for registrations postmarked on or before September 28, 2018, will receive a refund of the registration fee, less a \$100 processing fee. There are no refunds for cancellations postmarked after September 28, 2018. Membership is not refundable. Registrants are responsible for canceling their own hotel accommodations.

**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 accompanied by a \$100 processing fee. Additional fees may apply based on the replacement's membership status. If you must substitute after September 28, 2018 – do not send materials to AFP – these will be processed on site and all fees will apply.

**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](mailto: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](mailto:customerservice@AFPonline.org).

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