

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

Please complete and fax credit card payment to: +1 301.907.2864 by 10/22/2018. Or, mail check payment to: AFP, P.O. Box 64714, Baltimore, Maryland 21264

1 REGISTRATION INFORMATION Please print.

Mr. Ms. Mrs. Dr. AFP Member # _____

Full Name _____
FIRST MIDDLE INITIAL LAST SUFFIX

Title _____

Company _____

Home OR Business

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Phone _____

E-mail _____

Preferred first name for badge _____

2 CUSTOMIZE YOUR CONFERENCE EXPERIENCE

On-site (by October 22, 2018)

	Member	Non-Member (See 4)
Monday, November 5: One-Day Pass	<input type="checkbox"/> \$895	<input type="checkbox"/> \$1,195
Tuesday, November 6: One-Day Pass	<input type="checkbox"/> \$895	<input type="checkbox"/> \$1,195
Monday and Tuesday, November 5 and 6: One-Day Pass for each day	<input type="checkbox"/> \$1,590	<input type="checkbox"/> \$1,890

One-Day Pass can not be combined with any other offer. To receive member rates, you must be a current AFP member.

3 METHOD OF PAYMENT

TOTAL AMOUNT DUE

\$ _____

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.

Questions: Please call +1 301.907.2862 during the hours of 8:30 a.m.-5:00 p.m. ET, Monday thru Friday or visit www.AFPonline.org.

Registration Policies: The official Conference badge and badgeholder MUST be worn at all times for admission. Please be advised that Conference attendees may be asked to present photo identification in addition to their name badge for admission. Your name badge represents an admission contract between you and AFP. Switching or transferring badges is a violation of this contract and will subject the badge to confiscation. We thank you for your cooperation.

Cancellation Policy: There is a \$100 cancellation fee if you wish to cancel your one-day pass. There are no refunds for one-day pass cancellations postmarked after October 22, 2018. Membership is not refundable.

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.

4 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.

5 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):** ____/____/____

FOR OFFICE USE ONLY

ID# _____ CC/CK# _____

Reg.# _____ Amt. \$ _____

Staff Initial _____