



American Institute of Professional Association Group Insurance Administrators

# 2010 MID-WINTER CONFERENCE

March 11-14, 2010 | South Seas Island Resort | Captiva Island, Florida

## CONFERENCE REGISTRATION

To register, complete and submit this registration form with a check or credit card number for the total registration fee to:

AIPAGIA | 4248 Park Glen Road | Minneapolis, MN 55416  
Phone (952) 928-4663 | Fax (952) 929-1318 | Email: ggrove@aipagia.com

*\*Please Note: AIPAGIA will accept VISA and MasterCard only.*

**REGISTRATION FEES:** Early bird rate on or before January 30, 2010: \$750 – After January 31, 2010: \$850

Members may also bring one non-industry guest at no additional cost. The term “guest” indicates friends or family members who are not business associates or otherwise involved in the industry. For those attending without a guest, the full registration fee still applies.

### REGISTRANT INFORMATION: *(Please Type or Print Clearly - One Form per Registrant)*

Name \_\_\_\_\_  
*(as you would like it to appear on name badge and attendee roster)*

Title/Company \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Guest Name \_\_\_\_\_ Guest Email \_\_\_\_\_  
*(as you would like it to appear on name badge and attendee roster)*

Arrival Date/Time \_\_\_\_\_ Departure Date/Time \_\_\_\_\_

List Any Diet Needs/Restrictions \_\_\_\_\_

Registering Member's Shirt Size:  XXL  XL  L  M  S

### METHOD OF PAYMENT:

Check or Money Order *(Made payable to AIPAGIA)*  Credit Card  Visa  MasterCard

Card No. \_\_\_\_\_ Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Signature \_\_\_\_\_

### REGISTRATION REFUND POLICY:

Upon receipt of written cancellation received by February 19, 2010, a full refund will be issued; received after February 19, 2010 a \$200 service charge will be applied. After February 28, 2010 no refund will be issued.