



You must complete both pages of this registration form.

Full Name \_\_\_\_\_ AFP Member # \_\_\_\_\_  
FIRST MIDDLE INITIAL LAST SUFFIX

**3 METHOD OF PAYMENT**

All payments must be made in U.S. Dollars. Federal Tax ID 58-1424769

Check Enclosed  American Express  MasterCard  Visa  Discover Card  Diners Club

Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

\* Pre-registration closes on August 28, 2009. After August 28, 2009, please register at the on-site rate.

**Member Non-Member**

Total Amount Due \$ \_\_\_\_\_ \$ \_\_\_\_\_

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

**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. All memberships expire on December 31 of the year they begin. If you register after March 31, you are eligible to receive a credit toward the following year's dues. AFP membership dues are individual, non-transferable and non-refundable. Annual dues (\$395) may be deductible as a business expense but are not deductible as a charitable contribution. Of the \$395 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.

(A01)  Do not apply the non-member differential to AFP membership.

**5 GENERAL INFORMATION**

**1. Your relationship to finance** (Check one)

- CP  I perform/manage finance functions.
- AS  I sell to finance/treasury departments, or I perform consulting.
- AC  I teach finance full-time.

**2. Your organization's industry** (Check one)

- |   |   |
|---|---|
| AC <input type="checkbox"/> Academic                  | IN <input type="checkbox"/> Insurance       |
| BF <input type="checkbox"/> Banking                   | MN <input type="checkbox"/> Manufacturing   |
| BS <input type="checkbox"/> Business Svcs./Consulting | NP <input type="checkbox"/> Non-profit      |
| CM <input type="checkbox"/> Comm./Media               | PE <input type="checkbox"/> Petroleum       |
| CX <input type="checkbox"/> Const./Const. Supply      | RE <input type="checkbox"/> Real Estate     |
| EN <input type="checkbox"/> Energy/Non-petroleum      | RT <input type="checkbox"/> Retail          |
| FS <input type="checkbox"/> Financial Services        | SW <input type="checkbox"/> Software        |
| GV <input type="checkbox"/> Government                | TC <input type="checkbox"/> Technology      |
| HS <input type="checkbox"/> Health Services           | TR <input type="checkbox"/> Transportation  |
| HT <input type="checkbox"/> Hospitality/Travel        | UT <input type="checkbox"/> Utility         |
| OT <input type="checkbox"/> Other (Specify)           | WD <input type="checkbox"/> Wholesale/Dist. |

**3. How your organization measures performance** (Check one)

- (1)  Sales
- (2)  Assets

**4. Your organization's annual sales/assets** (Check one)

- |  |  |
|--|--|
| (1) <input type="checkbox"/> Under \$50 million  | (6) <input type="checkbox"/> \$1-4.9 Billion   |
| (2) <input type="checkbox"/> \$50-99.9 million   | (7) <input type="checkbox"/> \$5-9.9 Billion   |
| (3) <input type="checkbox"/> \$100-249.9 million | (8) <input type="checkbox"/> \$10-20 Billion   |
| (4) <input type="checkbox"/> \$250-499.9 million | (9) <input type="checkbox"/> Over \$20 Billion |
| (5) <input type="checkbox"/> \$500-999.9 million |  |

**5. Your organization is** (Check one)

- PUB  Publicly traded
- PRI  Privately/Closely held
- GOV  Government entity
- COL  College/University
- NON  Non-profit entity

**6. Your gender:** (M)  Male (F)  Female

**7. Year you entered the financial profession:** \_\_\_\_\_

**6 FULL POLICY INFORMATION**

**Cancellation Policy:** AFP accepts only written cancellations. Cancellations for registrations postmarked on or before August 28, 2009, will receive a 100 percent refund, less a \$100 processing fee. There are no refunds for cancellations postmarked after August 28, 2009. 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 August 28, 2009 – do not send materials to AFP – these will be processed on site and all fees will apply.

**Photography Disclosure** Upon registering for the conference, you are providing AFP the irrevocable right to use your likeness for AFP advertising, trade and promotion. For a complete photo policy, visit [www.AFPonline.org/photo\\_policy](http://www.AFPonline.org/photo_policy).

**Special Assistance** If you have a disability and require special assistance, please notify AFP at 301.907.2862 before the event so that we may accommodate your needs.

**Questions:** Please call 301.907.2862 during the hours of 8:30 a.m. – 5:00 p.m. ET, Monday thru Friday or visit [www.AFPonline.org](http://www.AFPonline.org).

**AWB9 FOR OFFICE USE ONLY**

CC/CK# \_\_\_\_\_  
 ID# \_\_\_\_\_  
 Amt. \$ \_\_\_\_\_  
 Reg.# \_\_\_\_\_  
 LB Date \_\_\_\_\_