

CSFA 97th Annual Conference Registration Form



Attendee Name: _____ Department/Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Conference Fees: Conference fee includes access to all keynote and general sessions, symposium, coffee/dessert breaks, lunches, Opening Ceremony Reception, Tuesday Night Social, President's Dinner and vendor tradeshow.

- Early Bird: Before September 14th: \$325 Standard Rate: \$400

Guest Badge Meal Fees: Includes meals, evening event tickets and vendor tradeshow for the day selected. No admittance to education sessions.

- Full Conference Meal Ticket: \$225
 Tuesday, October 15th Meal Ticket: \$150
 Wednesday, October 16th Meal Ticket: \$150

Name: _____

Name: _____

Name: _____

Additional Event Tickets:

- Lunch Ticket: \$35 President's Dinner: \$70

Payment Information: Payment types accepted: Check payable to CSFA: MasterCard: Visa: AMEX

Total Amount: _____ Payment Contact Name: _____

Phone: _____ Email: _____

Card Number: _____ Exp. Date: _____

Name on Card: _____ Signature: _____

Billing address (if different than above): _____

Conference Hotel Rate Special: Available through September 22nd for \$139 a night. Call 800-228-9290 and mention special rate for CSFA.

Cancellation Notice: Notice of cancellation must be received in writing by CSFA no later than October 4, 2019 to receive a full refund, less a 10% administrative fee. No refunds will be issued for cancellations made after October 4, 2019. Cancellations must be made via mail, fax or email.