

Registration Form

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

E-mail: _____

Employer: _____

Address: _____

City: _____

State: _____ Zip Code: _____

E-mail: _____

Phone: _____

Is this your First meeting? ____ Yes ____ No

How would you like your name to appear on your Name Tag?

Example: Diana Trout, CDM, CFPP

Pre-Registration Fees (Please Circle Below):

3 Day Registration:

Member.....\$125.00

Students & Retirees.....\$70.00

Non-Members.....\$130.00

Wednesday Only.....\$80.00

Thursday Only.....\$80.00

Friday Only.....\$70.00

Credit Cards Accepted. PayPal Service for credit card users. There will be a \$30.00 service charge for returned checks. SC ANFP will NOT be blocking hotel rooms.

Make checks payable to SC ANFP and mail to:

Jeri Tallon

2632 Echo Woods Drive

Hartsville, SC 29550

Hosted By:

PFG Florence

2801 Alex Lee Blvd

Florence, SC

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