

REGISTRATION FORM

AMERICAN COLLEGE OF INVESTMENT COUNSEL  
**2010 ANNUAL MEETING AND EDUCATION CONFERENCE**  
 OCTOBER 21 -22 \* ROOSEVELT HOTEL \* NEW YORK

**Please print clearly (Complete a separate form for EACH registrant)**  
**Note: DO NOT** submit this form if you are registering as part of a group registration

MR./MS.      FIRST NAME      MI      LAST NAME      BADGE NAME (IF DIFFERENT)

TITLE

COMPANY/AFFILIATION

STREET ADDRESS

CITY

STATE/PROV./COUNTRY

ZIP/POSTAL CODE

PHONE

FAX

EMAIL

**PLEASE CHECK ONE OF THE FOLLOWING:**

ACIC Member \$775     Nonmember: \$875

1. Do your plan to attend Thursday's Luncheon?

Yes     No

2. Do your plan to attend Thursday's Reception?

Yes     No

3. Do your plan to attend Thursday's Dinner?

Yes     No

4. Are you seeking CLE credits? \*\*

Yes     No

*If earned CLE at previous CLE events, Bar # may be excluded.*

If yes: State 1: \_\_\_\_\_ Bar#: \_\_\_\_\_

State 2: \_\_\_\_\_ Bar#: \_\_\_\_\_

State 3: \_\_\_\_\_ Bar#: \_\_\_\_\_

State 4: \_\_\_\_\_ Bar#: \_\_\_\_\_

\*\*Application pending in most states. *NOTE: Attorneys must sign CLE forms at the Conference after each session attended.*

For additional information on the *ACIC 2010 Annual Meeting and Education Conference* or about membership in the ACIC, please contact the ACIC's Administrative Office:

Telephone: (518) 785-0721

Email: [acic@dgallc.net](mailto:acic@dgallc.net)

**PAYMENT METHOD**

**1) Charge to a credit card:** (credit card users may fax or mail registration form with payment information. Do not send this form more than once; either fax or mail.)

Amex     Visa     Mastercard

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholders

Signature: \_\_\_\_\_

**2) Checks:**

Make checks payable to the *American College of Investment Counsel* and send with registration form to:

**American College of Investment Counsel**

435 New Karner Road

Albany, NY 12205

Fax: (518) 785-3579

**NO REFUNDS AFTER OCTOBER 11, 2010.** All refund requests made prior to that date must be submitted in writing and are subject to a \$100 cancellation fee. Requests must be sent to the address below.



Please check here if you require special accommodations in order to fully participate in this program. Attach written description of your needs, or call (518) 785-0721.