

# IALEFI® REGIONAL TRAINING CONFERENCE - Ocean City MD

NAME \_\_\_\_\_

AGENCY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

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AGENCY PURCHASE ORDER \_\_\_\_\_

PAYMENT METHOD  Check  Money Order  Credit Card (see below)

CREDIT CARD TYPE  VISA  MasterCard  American Express

ACCOUNT # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_ / \_\_\_\_

BILLING ADDRESS \_\_\_\_\_ BILLING ZIP CODE \_\_\_\_\_

SECURITY CODE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

REGISTRATION FEE: **\$150**  I AM A CURRENT IALEFI® MEMBER

**\$205**  I AM NOT CURRENTLY A MEMBER OF IALEFI® *Includes a one-year membership upon completion of IALEFI® membership application*

**Return this form to IALEFI® 25 Country Club Road, Suite 707, Gilford, New Hampshire 03249**  
**Or FAX the form to us at (603) 524-8856. For more information, call us at (603) 524-8787 or visit our website, [www.ialefi.com](http://www.ialefi.com).**