



Fall Summit

September 14-16, 2014 • The Greenbrier • White Sulphur Springs, WV



Registration Procedure:

1. Use separate form for each registration. Photocopy of original is acceptable.
2. Complete all sections. Please type or print.
3. Send completed form to AFT, 34 N. High St., New Albany, Ohio 43054-8507 USA
4. Registrations canceled after July 15, 2014 and before August 29, 2014 are subject to a \$100/person cancellation fee. No refund will be given for cancellations received after August 29, 2014 and the forfeited fee(s) cannot be applied toward future meetings.
5. Substitutions from within the same company are allowed at no charge if the substitutions are submitted in writing.
6. Register on-line at www.aftweb.com (by credit card only)

Registration Fees:

Please check all that apply - rate is per person

	By July 14	After July 14
AFT Members		
First Registrant	<input type="checkbox"/> \$1495	<input type="checkbox"/> \$1595
Additional Registrant (same company)	<input type="checkbox"/> \$1295	<input type="checkbox"/> \$1395
Non-Member Companies		
First Registrant	<input type="checkbox"/> \$2120*	<input type="checkbox"/> \$2220*
Additional Registrant (same company)	<input type="checkbox"/> \$1920	<input type="checkbox"/> \$2020
Spouse/Guest		
Spouse/Guest Social Program	<input type="checkbox"/> \$395	<input type="checkbox"/> \$445
Golf Outing (lunch included)	<input type="checkbox"/> \$149	<input type="checkbox"/> \$159

*Companies joining AFT during 2014 will receive \$625 credit toward one half year dues.

I, do hereby consent and agree that AFT, its employees, or agents have the right to take photographs, videotape, or digital recordings of me beginning on September 14, 2014, and ending on September 16, 2014 and to use these in any and all media, now or hereafter known, and exclusively for the purpose of AFT promotional material. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

Member/Non-Member Full Registration Fee includes:

- All Program Sessions
- Mobile APP
- Sunday Evening Welcoming Reception
- Monday & Tuesday Breakfast
- Monday & Tuesday AM and PM Refreshment Breaks
- Monday and Tuesday Luncheons
- Monday Evening Special Event
- Tuesday Evening Farewell Party

Spouse/Guest Social Program includes:

- Sunday Evening Welcoming Reception
- Monday Morning Meet & Greet
- Monday Evening Special Event
- Tuesday Evening Farewell Party

* Selected Program Sessions
* Breakfasts and Lunches Not Included

of Persons Attending **PLEASE INDICATE WHICH EVENTS YOU WILL BE ATTENDING**

- _____ Sunday Welcoming Reception
- _____ Monday Breakfast
- _____ Monday Spouse/Guest Meet & Greet
- _____ Monday Luncheon
- _____ Monday Evening Special Event
- _____ Tuesday Breakfast
- _____ Tuesday Luncheon
- _____ Tuesday Farewell Party

TOTAL AMOUNT DUE \$ _____

First Name	Last Name	Preferred First Name for BADGE
<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Twitter Handle	
<input type="text"/>	<input type="text"/>	
Spouse/Guest (if registering)First Name	Last Name	Preferred First Name for BADGE
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company (please provide full name)	Spouse/Guest E-mail	
<input type="text"/>	<input type="text"/>	
Mailing Address		
<input type="text"/>		
City/Province	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number	Fax Number	E-mail
<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell Phone Number	Are you a first time attendee?	
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Emergency contact name: _____

Phone: _____

Please indicate any dietary, medical or physical challenge requirements:

Payments to Association for Financial Technology are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code.

Topic(s) I would like to have discussed during the Interactive Session: _____

FAX Only with Credit Card Payment to (614) 895-3466
(to avoid double-billing, DO NOT FAX and MAIL)

VISA MC AMEX Exp Date _____

Card # _____ Amount \$ _____

Signature _____ CVS _____