



# CFRE REVIEW COURSE

Wednesday-Thursday, July 14 -15, 2010

**Kellogg Conference Center**  
Northwestern University  
340 East Superior Street  
Chicago, IL 60611

Please return this form with payment no later than July 7, 2010, to the Chapter Office to ensure your space. Registrations will be confirmed via email, and registered attendees will receive a full agenda and faculty list prior to the start of the course. Course materials will be provided on site. Registration includes continental breakfast, breaks & lunch.

**Costs\*:**       Member Rate: \$410.00                       Guest/Non-member Rate: \$490.00

\*The Chicago Chapter is working hard to make this course more accessible in these economic times. We have arranged for you to pay your fee in two equal installments of \$205 (or \$245), with the full fee due one week in advance of the seminar dates (July 7).

**Schedule:**

**Wednesday, July 14**

8:00 a.m.–8:30 a.m.– Registration  
8:30 a.m.–5:00 p.m.– Program

**Thursday, July 15**

8:30 a.m.–5:00 p.m.– Program

**Please print or type:**

AFP Member    First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Guest            Title \_\_\_\_\_  
                          Organization \_\_\_\_\_  
                          Address \_\_\_\_\_  
                          City/State/Zip \_\_\_\_\_  
                          Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
 Please indicate special access or dietary needs, if any. \_\_\_\_\_

Each reservation requires a form. No phone reservations are accepted. Please note that all credit card reservations will be charged prior to the event. Cancellations must be submitted in writing on organizational letterhead and received 48 hours before the program or you will be charged. Reservations are accepted on a first-come, first-served basis. Members and guests without reservations risk not having materials and can only be seated as space permits.

*Please mail or fax form with payment to:  
AFP Chicago, 1755 Park Street, Suite 260, Naperville, IL 60563  
Fax: (630) 416-9798*

Payment:    Check enclosed (make check payable to AFP Chicago Chapter)    MasterCard    Visa    American Express  
 I wish to pay the full amount now.  
 I wish to divide my fee into two equal installments. I understand that my fee must be paid in full by July 7. If I am not paid in full, I forfeit my entire initial payment to cover the Chicago Chapter's costs for the Review Course. If paying by credit card I give AFP Chicago permission to charge my card one half of the fee at the time I register and the second half of the fee on July 7th.

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Printed Name of Cardholder \_\_\_\_\_ Total Amt: \_\_\_\_\_  
Signature of Cardholder \_\_\_\_\_ Zip Code \_\_\_\_\_