

REGISTRATION FORM

Please fill out the following registration form and either **email, fax** or **mail** the form, along with check or credit card information to:

Financial Accounting Institute
PO Box 118
Tenafly, NJ 07670
Fax - 201-568-4668
Email - register@financialaccounting.com

Space is limited, so please register early. Copy this form for each additional person registering.

PLEASE COMPLETE THE FOLLOWING INFORMATION:

1. Which seminar or webinar are you registering for?

___ Utility Finance and Accounting for the Non-Financial Professional & Attorneys

___ Utility Finance and Accounting for Financial Professionals

2. Seminar City _____ Seminar Date _____

3. Name _____ Nickname _____

4. Title _____

5. Company _____

6. Street Address _____

7. City/State/Zip _____

8. Office Phone _____ Cell Phone _____

9. Email _____

10. Home Address _____

11. For Webinar, where should we FedEx printed materials Home or Office? _____

Attorney Information: Will you want CLE credit? _____ In which state? _____

CPA Information: Will you want CPE credit? _____ In which state? _____

How did you find our seminar? Email I got _____ Web search_____

I have attended an FAI seminar_____ Colleague attended an FAI seminar_____

Brochure sent to me_____ Brochure sent to another_____ Other_____

PAYMENT INFORMATION:

Seminar or Webinar Fee is **\$2500 per person**. This includes course materials, coffee breaks, lunch and cocktails at the end of the first day for the seminar. Cancellations with full refund are accepted up to 3 weeks prior to the seminar or webinar date. For cancelations within 3 weeks, a colleague may attend in your place or you or a colleague may attend any future seminar or webinar. FAI is not responsible for any loss or damage as a result of a substitution, alteration or cancellation, postponement or rescheduling of a seminar or webinar other than the refund of your registration fee.

Payment Method (check one):

_____ Check Enclosed

_____ Charge my:

Visa, MasterCard, American Express or Discover Card \$2500

Card # _____ Exp. Date _____ Security Code _____