

# 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  
1 N. Brae Ct.  
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 \_\_\_\_\_