

Name: \_\_\_\_\_ License #: \_\_\_\_\_

Firm/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

◆ **Two hours of CE will be offered at each event.**

◆ **CE will run from 2-4 PM followed by a cocktail hour from 4-5 PM**

### Fee Structure

	FDSA Member	Non-Member
April 17, 2019	<input type="checkbox"/> FREE	\$30= _____
May 15, 2019	<input type="checkbox"/> FREE	\$30= _____
	Total Amount Due= _____	

### How Did You Hear about the CE Seminars?

- E-mail
- Postcard
- Publication
- Friend
- Trade Show
- Other \_\_\_\_\_

### Payment Information

Check (Payable to FDSA)  MasterCard  Visa

Name on Card: \_\_\_\_\_

Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

### Cancellation Policy

FDSA requires that a written cancellation and refund request be submitted within 72 hours of the event by fax to 630-351-8490 or by e-mail to [pnutter@fdsachicago.com](mailto:pnutter@fdsachicago.com).

### Acknowledgement and Release

The undersigned gives FDSA unconditional permission to use their photograph from this meeting on its website or in promotional materials. The undersigned also agrees to hold FDSA harmless from any liability regarding the use of these photographs.

The undersigned agrees to hold harmless FDSA, it's employees and members, the faculty and other participants at the CE Seminar(s), and indemnify them from and against any and all claims, damages, and costs arising from the undersigned's participation in the CE Seminar(s).

Signature: \_\_\_\_\_

### OFFICE USE ONLY:

Individual ID: \_\_\_\_\_

Firm ID: \_\_\_\_\_