

Corporate Group Discount Package — Registration



67th CFA Institute Annual Conference
4–7 May 2014
Washington State Convention Center
Seattle, WA, United States

Corporate Group Discount Package Benefits:

Corporate Group Discount Rate: US\$700 for each delegate (minimum of five delegates)

The Corporate Group Discount rate is the best available rate for this event. This discount is valid until **1 April 2014**. Completed registration form and payment must be received by 1 April; after 1 April regular registration fees apply. Note that the corporate group discount rate cannot be combined with other discounts.

Company Recognition:

- Your firm will be recognized on the CFA Institute official website for the conference, including your company logo and URL link
- Your firm will be recognized onsite at the event in PowerPoint slides shown during session breaks

Group Contact Person

*Full Name _____
*Company Name _____
Company Website Address _____
Business Address _____
*City _____ State/Province _____ Postal Code _____
*Country _____
*E-mail _____ Telephone _____

Delegate #1

Mr. Ms. Mrs. Miss Dr.

*Conference Attendee Last Name (Family Name) _____

*Conference Attendee First Name (Given Name) _____

*Name exactly as it should appear on the badge _____

CFA Institute or CIPM Member/Candidate Number (if applicable) _____

Job Title _____

Business Address _____

*City _____ State/Province _____ Postal Code _____

*Country _____

*E-mail _____ Telephone _____

Dietary or special needs _____

Delegate #2

Mr. Ms. Mrs. Miss Dr.

*Conference Attendee Last Name (Family Name) _____

*Conference Attendee First Name (Given Name) _____

*Name exactly as it should appear on the badge _____

CFA Institute or CIPM Member/Candidate Number (if applicable) _____

Job Title _____

Business Address _____

*City _____ State/Province _____ Postal Code _____

*Country _____

*E-mail _____ Telephone _____

Dietary or special needs _____

Delegate #3

Mr. Ms. Mrs. Miss Dr.

*Conference Attendee Last Name (Family Name) _____

*Conference Attendee First Name (Given Name) _____

*Name exactly as it should appear on the badge _____

CFA Institute or CIPM Member/Candidate Number (if applicable) _____

Job Title _____

Business Address _____

*City _____ State/Province _____ Postal Code _____

*Country _____

*E-mail _____ Telephone _____

Dietary or special needs _____

Delegate #4

Mr. Ms. Mrs. Miss Dr.

*Conference Attendee Last Name (Family Name) _____

*Conference Attendee First Name (Given Name) _____

*Name exactly as it should appear on the badge _____

CFA Institute or CIPM Member/Candidate Number (if applicable) _____

Job Title _____

Business Address _____

*City _____ State/Province _____ Postal Code _____

*Country _____

*E-mail _____ Telephone _____

Dietary or special needs _____

Delegate #5

Mr. Ms. Mrs. Miss Dr.

*Conference Attendee Last Name (Family Name) _____

*Conference Attendee First Name (Given Name) _____

*Name exactly as it should appear on the badge _____

CFA Institute or CIPM Member/Candidate Number (if applicable) _____

Job Title _____

Business Address _____

*City _____ State/Province _____ Postal Code _____

*Country _____

*E-mail _____ Telephone _____

Dietary or special needs _____

If you want to register more than three delegates, print additional copies of the group registration form and submit the completed forms together.

Payment Information

To be eligible for a group discount, your company must register three or more delegates at the same time. Payment is due at time of registration. No additional discounts apply. Forms received without payment will be confirmed on a space-available basis when payment is received. Completed registration form and payment must be received by 1 April; after 1 April regular registration fees apply.

Attendance is limited. Please register early.

Cancellation Policy

A cancellation fee of US\$200 applies for all cancellations, and no refunds will be issued for any cancellations received within 24 hours of program start. Sharing of registrations is not permitted. If a cancellation brings the group's delegate count below five and a substitute is not available, regular rates will apply to the remaining delegates and all cancellation fees and deadlines above will be applicable.

Corporate Group Discount Rate: US\$700 for each delegate (minimum of five delegates)

Number of delegates: _____

Charge to: (check one)

Check (made payable to CFA Institute)

Wire transfer (please [contact us](#) for instructions)

Credit card (American Express, MasterCard, Visa)

Credit Card Type _____

Credit Card Number _____ Expiration Date _____

Name on card _____

Signature _____

Submit Registration Form

Print and fax this completed form to +1 (434) 951-5240 or mail to:

CFA Institute, Registrations and Revenue, P.O. Box 2082, Charlottesville, VA 22903-0668 USA

Register by phone by calling +1 (434) 951-5499 or +1 (800) 247-8132 toll-free (USA and Canada only)

Questions? Please e-mail us for more information: programs@cfainstitute.org

Submit Company Logo and URL

Please include company logo for recognition

- Email company logo and URL to businessdevelopment@cfainstitute.org. Send file in JPEG, TIF, GIF, or EPS format. Logo must be at least 300dpi (dots per inch).
- Company logo and URL must be received by 1 April 2014 for recognition.

We will not be sending a logo for recognition