

REGISTRATION FORM | 2017 ACOPA LA Advanced Pension Conference January 19-20, 2017 | Hilton Los Angeles/Universal City | Los Angeles

STEP ONE – Registrant Information

Please register only one person per form. All fields are required. Please type or print legibly.

Please note that information printed above for Badge Name, Company, City and State will appear on your conference badge exactly as stated.

First Name:	Middle Initial:	Last Name:
Badge Name:	Designations:	
Title:		
Company:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Email:		

Is this your preferred mailing address for all ACOPA correspondence?

Yes, please change my address No

STEP TWO – Additional Information

Your Industry Role (Please check the MOST applicable description.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Actuary | <input type="checkbox"/> Business Owner |
| <input type="checkbox"/> Consulting Firm | <input type="checkbox"/> Human Resources Personnel | <input type="checkbox"/> Insurance Agent |
| <input type="checkbox"/> Investment | <input type="checkbox"/> Legal Firm | <input type="checkbox"/> TPA |
| <input type="checkbox"/> Other (Please specify): _____ | | |

Please check dietary requirements (if applicable):

Kosher Vegetarian Other: _____

If you require any other special accommodations, please specify: _____

STEP THREE – WORKSHOP SELECTION

- THURSDAY, JANUARY 19, 2017:
 10:35AM - 11:50AM 12:50PM - 2:05PM 2:20PM - 3:35PM 3:55PM - 5:10PM
 WK1 WK2 WK3 WK4 WK5 WK6 WK7 WK8 WK9 WK10 WK11 WK12
- FRIDAY, JANUARY 20, 2017:
 9:35AM - 10:50AM 11:10AM - 12:20PM 1:25PM - 2:40PM
 WK13 WK14 WK15 WK16 WK17 WK18 WK19 WK20 WK21

STEP FOUR – Payment

	Early* (through 12/30/16)	Regular(12/31/16-1/9/17)	On-site (after 1/9/17)
ACOPA/ASPPA Member	<input type="checkbox"/> \$745	<input type="checkbox"/> \$845	<input type="checkbox"/> \$945
Non-Member	<input type="checkbox"/> \$895	<input type="checkbox"/> \$995	<input type="checkbox"/> \$1,095

Check Payment: Check number: _____

Total Due: _____

Credit Card: Visa Mastercard American Express Discover

Card Number:
Expiration Date:
Cardholder Name:
Authorized Signature:

To prevent duplication of payment, send your registration form only once. If you are mailing it, do not fax it and vice versa.

*To qualify for the early registration fee, registration and payment must be received in the ASPPA office by December 30, 2016. The fee is calculated based on the receipt date of the registration form, not the postmark. Registrations will be accepted by the ASPPA office through January 9, 2017 at the regular registration rate. Any registrations received after this date will be charged the on-site registration fee.