



Conference Registration Form

Sharing 50 years of experience . . .

NACVA/IBA 2010 Annual Consultants' Conference

June 2–5, 2010
Fontainebleau Miami Beach
Miami Beach, FL

Name: _____ Member #: _____

Firm Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Tel: _____ Fax: _____ E-mail: _____

CONFERENCE REGISTRATION FEE AND DISCOUNT

Conference Registration Fee (IBA Member Price: \$1,165; Non-Member Price: \$1,295) \$ _____

Credit Voucher (please include voucher; maximum one per person) \$ (_____)

Total Conference Registration Fee: \$ _____

Payment Method

Check#: _____ or AMEX VISA MasterCard CVV Code: _____

Card #: _____ Exp. Date: _____ X: _____

Authorized Signature* _____

Credit Card billing address — if same as above please check box — if different please write address on line above.


*Your signature will authorize NACVA/IBA to confirm your registration via e-mail and/or fax and authorize NACVA/IBA to use either medium for future communication. NACVA/IBA will not disclose or share this information with third parties to secure confidentiality.


For session attendance selections, which must be indicated in conjunction with this registration form,
please go online to <http://iba.nacva.com/evts>

Four Ways to Register

IBA:  (800) 299-4130
(954) 584-1144

 Fax:
(954) 827-0131

 IBA
P.O. Box 17410
Plantation, FL 33318

 E-mail:
registration@go-iba.org