



38th Annual Meeting

September 13 - 15, 2009 • Loews Ventana Canyon Resort • Tucson, Arizona

Instructions:

1. Use separate form for each registration. Photocopy of original is acceptable.
2. Complete all sections. Please type or print.
3. Send completed form to AFT, PO Box 577 New Albany, Ohio 43054-0577 USA
Phone: 614-895-1208 A confirmation will be sent to all registered individuals.
4. Be sure to include proper registration fee.
5. Registration cancellations prior to July 13, 2009 will incur a \$100 cancellation fee. Cancellations from July 13 through August 21, 2009 are subject to a \$500 cancellation fee. No refund will be made on cancellations received after August 21, 2009 and forfeited fee cannot be applied to future meetings due to IRS reporting requirements.
6. Substitutions from within the same company are permitted at no additional cost. All substitutions must be made in writing, and accompanied by a completed AFT Fall Meeting Registration Form.
7. Register on-line at www.aftweb.com (by credit card only)

REGISTRATION FEES:

Please check all that apply - rate is per person

AFT Members

	By July 13	After July 13
First Registrant	<input type="checkbox"/> \$1295	<input type="checkbox"/> \$1395
Second Registrant (same company)	<input type="checkbox"/> \$1095	<input type="checkbox"/> \$1195
Additional Registrants (same company)	<input type="checkbox"/> \$ 995	<input type="checkbox"/> \$1095

Non-Member Companies

First Registrant	<input type="checkbox"/> \$1895*	<input type="checkbox"/> \$1995*
Second Registrant (same company)	<input type="checkbox"/> \$1095	<input type="checkbox"/> \$1195
Additional Registrants (same company)	<input type="checkbox"/> \$ 995	<input type="checkbox"/> \$1095

Spouse/Guest

Spouse/Guest Social Program	<input type="checkbox"/> \$350	<input type="checkbox"/> \$375
Spouse/Guest Demo & Lunch	<input type="checkbox"/> \$150	<input type="checkbox"/> \$175
Golf Outing (Lunch Included)	<input type="checkbox"/> \$135	<input type="checkbox"/> \$160

*Non-Members joining AFT during 2009 will be credited \$500 toward current year dues.

First Name

Last Name

Preferred First Name for BADGE

Title

Spouse/Guest (if registering) First Name

Last Name

Preferred First Name for BADGE

Company (please provide full name)

Mailing Address

City/Province

State

Zip Code

Country

Telephone Number

Fax Number

E-mail

Are you a first time attendee? yes no

Emergency contact name: _____

Phone: _____

Please indicate any dietary, medical or physical challenge requirements:

Payments to Association for Financial Technology are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code.

DO NOT WRITE BELOW THIS LINE FOR AFT USE ONLY

Date Received

Member/Non-Member Full Registration Fee Includes:

- All Program Sessions
- Conference Proceedings Manual
- Sunday Evening Welcoming Reception
- Monday & Tuesday Breakfast
- Refreshment Breaks Daily
- Monday and Tuesday Luncheons
- Monday Evening Special Event
- Tuesday Evening Farewell Reception

Spouse/Guest Social Program Includes:

- Sunday Evening Welcoming Reception
- Monday Evening Special Event
- Tuesday Evening Farewell Reception

Spouse/Guest Option Includes:

- Sabino Canyon tour, De Grazia Gallery & Lunch

of Persons Attending

PLEASE INDICATE WHICH EVENTS YOU WILL BE ATTENDING

- _____ Sunday Welcoming Reception
- _____ Monday Spouse/Guest Option
- _____ Monday Luncheon
- _____ Monday Evening Special Event
- _____ Tuesday Luncheon
- _____ Tuesday Evening Farewell Reception

Total Amount Due \$ _____

Fax Only with Credit Card Payment (614)895-3466

(to avoid double-billing, DO NOT Fax and Mail)

VISA MC AMEX Expiration Date _____

Card# _____ Amount \$ _____

Signature _____

Amount Paid \$ _____ Check Date & No. _____

Comments: _____