

Fund Affiliate Assembly 2010 - Renaissance Tampa Location To register more individuals, please photocopy this form.

Registration Form (September 23-25 at the Renaissance Tampa Hotel International Plaza)

Please type or print legibly

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 First Name Telephone # Fax #
 Last Name E-Mail Address (Required for Confirmation of Registration and Payment Receipt)
 Professional Certification or Title Fund Member # or Fund Customer # (non-member)
 Nickname for badge
 Firm Name or Company Name
 Address
 City State ZIP
 Please describe any disability related needs or special dietary requests:

Attendee Registration Fees

Registration fee includes all educational sessions, conference materials, and meals.

Member Registration Categories are applicable to Affiliate Member, Fund Member, and Employee of a Fund Member.

Check proper box:

- Affiliate Member
 Fund Member
 Employee of a Fund Member
 Speaker
 Special Guest
 Non-member
 Member Registration - Discount for Multiple Registrants of a Fund Member Firm (Deadline to Register is September 9) **\$175**
 Non-member Advance Registration **\$250**
 Multiple Discount Not Available (Deadline to Register is September 9)
 Member Advance Registration **\$195**
 Non-member Late Registration (Available On-site) **\$300**
 (Deadline to Register is September 9)
 Member Late Registration (Available On-site) **\$250**

\$20 Discount Off Published Advanced Registration Pricing is Available Online at www.thefund.com/affiliateassembly. (No discount for late registration.)

Note: Please confirm your attendance at the following meal functions so that we may plan for your participation:

- Thursday Reception
 Friday Breakfast
 Friday Lunch
 Friday Reception
 Saturday Breakfast
 Not Attending Meals

Spouse/Guest Ticket Request

Spouse/Guest Name _____ Nickname for badge _____

Thursday Reception	\$45 per guest	___ # of tickets	\$ _____
Friday Breakfast	\$30 per guest	___ # of tickets	\$ _____
Friday Lunch	\$40 per guest	___ # of tickets	\$ _____
Friday Reception	\$50 per guest	___ # of tickets	\$ _____
Saturday Breakfast	\$30 per guest	___ # of tickets	\$ _____

Spouse/Guest Ticket Request Subtotal \$ _____

Attendee Registration Fee..... \$ _____

Total Payment \$ _____

(The Fund does not provide childcare services. Please check with your hotel for more information about children's activities and baby-sitting services.)

Payment Options

- Check enclosed

Please make check payable to:
Attorneys' Title Fund Services, LLC

Mail to:
 Attorneys' Title Fund Services, LLC
 Affiliate Assembly Registration
 P.O. Box 628601
 Orlando, FL 32862-8601
 Fax: (407) 240-3834

Online Registration:
<http://www.thefund.com/affiliateassembly>

Required Information for Credit Card Payment

Please charge my credit card: TOTAL AMOUNT
 MasterCard®
 Visa®
 American Express®
 \$ _____

Card # _____ Exp. Date _____

Print name as it appears on card _____ Cardholder's Signature _____

Credit Card Billing Address _____

City _____ State _____ Zip _____

Fund Use Only

Date	Check #	\$ Amt. Due	\$ Amt. Paid	\$ Bal. Due

To register online, make hotel reservation and for complete schedule of events, visit www.thefund.com/affiliateassembly. For other Affiliate Assembly questions, email educationregistrar@thefund.com or call (888) 407-7775.