

Registration Form

First Name: _____ Last Name: _____

Title: _____ Name on Badge: _____

Company _____

Address: _____ City: _____ ST: _____ ZIP: _____

Phone: _____ Email: _____

____ Check enclosed payable to: Commercial Collection Agencies of America

____ Bill to Card type: _____ Name on Card _____

Card # _____ Exp date: _____ Code _____

Billing address: _____

City _____ State _____ Zip Code: _____

Signature _____

Payment

Visit commercialcollectionagenciesofamerica.com and click on "Events" to register online with your credit card.

OR complete the form above and with mail your check to: Commercial Collection Agencies of America, PO Box 1695, Arlington Heights, IL 60006

Cancellation Policy

Full refunds will be given if notification is submitted in writing prior to February 22, 2018. Cancellation notices received between February 22, 2018 and March 1, 2018 will receive a 50% refund.

Cancellation notices received after March 1, 2018 will unfortunately not receive a refund.

Special Requests

Accessibility: _____

Dietary Requirements: _____

Conference Fees

Members (before 1/31/18): _____ @ 595.00 = _____

(after 1/31/18): _____ @ 625.00 = _____

Social guest or additional firm member: _____ @ 495.00 = _____

Guest Name: _____

Guest Name: _____

Non-members: _____ @ 895.00 = _____

Welcome Reception _____ @ 75.00 = _____

Welcome Dinner _____ @ 175.00 = _____

Optional Events

Golf Outing: _____ @ 100.00 = _____

Golfer's Name: _____

Golfer's Name: _____

Clubs _____ @ 50.00 = _____

TMZ Tour _____ @ 75.00 = _____

Farmer's Market/The Grove _____ @ 75.00 = _____

Processing Fee _____ 25.00

Total \$ _____