

Rec'd Date:

Pymt Method:

July 25th - 28th, 2015 • Perdido Beach Resort • Orange Beach, Alabama

2015 ANNUAL CONVENTION REGISTRATION

Deadline for Early Bird Registration is June 19, 2015

You may also email your registration to Laurie@piaoflouisiana.com or Coleen@piaoflouisiana.com

| Mr. Ms. Tickets. X \$15 = T-Shirt: SM | 1. REGISTRANT INFORMATION | | | 4. OPTIC | NAL ACTIVITIES | - Not Includ | ded in Re | gistration Fee | |
|---|--|---|---------------------------------------|--|-----------------------|-------------------------|----------------|------------------------|--|
| Preferred First Name: Designations: | □ Mr. □ Ms.: | | | | | | | | |
| Designations: Agency/Company Name: Agency/Company N | | | | | | | | | |
| Agency/Company Name: Address: | | | | | o . | | | | |
| Coff (green fees, cart, lunch, beverages) Fickets X \$130 = | | | | deadline to | order shirts is June | 30, 2015). <u>Shi</u> | rts come in | adult sizes only. | |
| City/State/Zip: E-mail: | | | | Golf (green | fees, cart, lunch, be | everages) Ti | kets | _ X \$115 | |
| ### Phone: | | | | Handicap: X \$130 = | | | | | |
| Section 2 Subtrotal: \$ Section 2 Subtrotal: \$ Section 3 Subtrotal: \$ Section 4 Subtrotal: \$ Section 5 Subtrotal: \$ Section 5 Subtrotal: \$ Section 6 Subtrotal: \$ Section 8 Section 9 Section 8 Section 9 Section 8 Section 9 Sect | | | | • • | | | | | |
| Table | | | | : | | | | | |
| AM AN Agent | | | | | | | | | |
| Company Rep (booth worker only - if you plan to attend other conventional tickets required for those vents). Section 2 substortal: \$ Full Spouses/Guest Registration \$400 | I AM AN ☐ Agent ☐ Company Represent | ative | | | | onjunouon with | a ran aolog | ato regionation of | |
| Full Agent Member Registration Fasse Fas | - | □No | | • | | | | _ X \$75 = | |
| Full Agent Member Registration: | | • | | Monday E | vening Events | Tio | | _ X \$75 = | |
| Full Agent Non-Member Registration: \$389 | ☐ Full Agent Member Registration: | | · · · · · · · · · · · · · · · · · · · | Tuesday E | evenina Events | Tio | :kets: | X \$75 = | |
| Wysponsorship or booth : Full Company Rep Registration | ☐ Full Agent Non-Member Registration: | -\$300- | \$375 | | • | | | | |
| (w/ sponsorship or booth): □ Full Company Rep Registration (no sponsorship or booth): □ Company Rep (booth worker only - if you plan to attend other convention events, please select the Full Company Rep Registration or purchase the additional lickets required for those events.) **SECTION 2 SUBTOTAL: \$ **SECTION 3 SUBTOTAL: \$ **SECTION 4 SUBTOTAL: \$ **SECTION 5 SUBTOTAL: \$ **CION 5 SUBTOTAL: \$ **CION 6 SUBTOTAL: \$ **SECTION 6 SUBTOTAL: \$ **SECTION 6 SUBTOTAL: \$ **SECTION 6 SUBTOTA | ☐ Full Company Rep Registration | \$250 | \$325 | Name of quests receiving tickets (for name badges) | | | | | |
| #SECTION 3 SUBTOTAL: \$ Company Rep (booth worker only - if you plan to attend other convention events, please select the Full Company Rep Registration or purchase the additional tickets required for those events.) #SECTION 2 SUBTOTAL: \$ SECTION 2 SUBTOTAL: \$ SECTION 2 SUBTOTAL: \$ SECTION 3 SUBTOTAL: \$ SECTION 4 SUBTOTAL: \$ SECTION 5 SUBTOTAL: \$ SECTION 6 SUBTOTAL: \$ SECTION 7 SUBTOTAL: \$ SECTION 8 SUBTOTAL: \$ SECTION 8 SUBTOTAL: \$ SECTION 8 SUBTOTAL: \$ SECTION 9 SUBTOTAL: \$ CARAN DIVIDING MARKED TO TALE SECTION 9 SUBTOTAL: \$ CARAN DIVIDING MARKED TO TALE SECTION 9 SUBTOTAL: \$ CARAN DIVIDING MARKED TO TALE SECTION 9 SUBTOTAL: \$ CARAN DIVIDING MARKED TO TALE SECTION 9 SUBTOTAL: \$ CARAN DIVIDING MARKED TO TALE SECTION 9 SUBTOTAL: \$ CARAN DIVIDING MARKED TO TALE SECTION 9 SUBTOTAL: \$ CARAN DIVIDING MARKED TO TALE SECTION 9 SUBTOTAL: \$ CARAN DIVIDING MARKED TO TALE SECTION 9 SUBTOTAL: \$ CARAN DIVIDING MA | | | | | | | | | |
| Company Rep (booth worker only - if you plan to attend other convention events, please select the Full Company Rep Registration or purchase the additional tickets required for those events.) + SECTION 2 SUBTOTAL: \$ | | \$400 | \$475 | 0 0 | + S! | ECTION 5 SL | IBTOTAL | :\$ | |
| Company Rep (booth worker only - if you plan to attend other convention events, please select the Full Company Rep Registration or purchase the additional tickets required for those events.) **SECTION 2 SUBTOTAL: \$ | (no sponsorship or booth): | | | | | | | | |
| SECTION 3 SUBTOTAL: \$ SECTION 4 SUBTOTAL: \$ SECTION 5 SUBTOTAL: \$ SECTION 6 SUBTOTAL: \$ SECTION 6 SUBTOTAL: \$ SECTION 6 SUBTOTAL: \$ SECTION 6 SUBTOTAL: \$ SECTION 7 SUBTOTAL: \$ SECTION 8 SUBTOTAL: \$ SECTION 8 SUBTOTAL: \$ SECTION 8 SUBTOTAL: \$ SECTION 9 SUBTOTAL: \$ AGENT FIRST TIMER DISCOUNT (full registration only): — \$ 50.00 REGISTRATION GRAND TOTAL: SECTION 9 SUBTOTAL: \$ Chid A PIA PARTNER SECTION 9 SUBTOTAL: \$ AGENT FIRST TIMER DISCOUNT (full registration only): — \$ 50.00 REGISTRATION GRAND TOTAL: \$ Chid Registration: (Comp for family members of a fully registered delegate) Number of children in your family attending 17 and Under Section of the "PIA of Louisiana" Visa MasterCard AMEX Bill me on July 1st Card No: Sec. Code: Sec. Cod | ☐ Company Rep (booth worker only - if you plar events, please select the Full Company Rep Registi tional tickets required for those events.) | 2015 will receive full refund. No refunds will be made after July 10, 2015 due to | | | | | | | |
| SECTION 3 SUBTOTAL: \$ SECTION 3 SUBTOTAL: \$ SECTION 4 SUBTOTAL: \$ SECTION 5 SUBTOTAL: \$ SECT | + SECTION 2 SUBTOTAL : \$ | | | | • | | | | |
| Includes all convention events in addition to the spouses' program. This registration is intended strictly for spouses/guests and not other agent or company delegates. Continuing Education is NOT included. Mr. Ms.: | ••••• | | | | | | | | |
| □ Mr. □ Ms.: □ I AM A CONVENTION KEYSTONE SPONSOR Preferred First Name: □ Spouse/Guest Registration \$200 "Please note that invitations for spouses' program will be sent to the "email address" listed above. "Any child 18 and over MUST register as a guest in order to attend events or purchase individual event tickets. Child Registration: (Comp for family members of a fully registered delegate) Number of children in your family attending 17 and Under _ Children's Names (they will receive name badges): Non - Family Children's Pass: Tickets: _ X \$50 = _ Name on Card: _ Signature of Cardholder: _ Sign | Includes all convention events in addition to the spouses' program. This registration is intended strictly for spouses/guests and not other agent or company delegates. Continuing Education is NOT included. | | | SECTION 5 SUBTOTAL: \$ | | | | | |
| Preferred First Name: Email Address*: Spouse/Guest Registration *Please note that invitations for spouses' program will be sent to the "email address" listed above. **Any child 18 and over MUST register as a guest in order to attend events or purchase individual event tickets. Child Registration: (Comp for family members of a fully registered delegate) Number of children in your family attending 17 and Under Children's Names (they will receive name badges): Non - Family Children's Pass: Tickets: X \$50 = Names: +SECTION 3 SUBTOTAL: \$ AGENT FIRST TIMER DISCOUNT (full registration only): — \$ 50.00 REGISTRATION GRAND TOTAL: \$ | | | | | | | | | |
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| Card No.: Sec. Code: | Child Registration: (Comp for family members of Number of children in your family attendi | a fully register ng 17 and U | | • | • | | | ne on July 1st | |
| Non - Family Children's Pass: | Cameron 5 1 values (they will receive halle badg | | | Card No · | | | ς | ec Code· | |
| Names: Name on Card: Signature of Cardholder: | | | | | | | | | |
| +SECTION 3 SUBTOTAL : \$ Signature of Cardholder: | | | U = | | | | | | |
| Make your reservations at the Perdido Beach Resort by calling 1-800-634-8001, and using the code 10065. Rooms start at \$269 Hotel Deadline is JULY 3, 2015. | | | | | | | | | |
| | Make your reservations at the Perdido Beach Res | ort by calling | <mark>1-800-634-8001</mark> | , and using the | e code 10065. Room | ns start at \$269 | Hotel Dea | dline is JULY 3, 2015. | |

Return this form to: PIA of Louisiana • 8064 Summa Ave., Suite C • Baton Rouge, LA 70809 • Fax: (225) 766-1601

Balance Due:

Conf. Sent:

Amount Paid: