



Three Ways to Register:

- 1 ONLINE @ www.sfeannual.org
- **2 EMAIL / FAX** Registration Form to tricia@sfe.org or (504) 525-1693
- 3 MAIL registration form to:



1340 Poydras Street, Suite 2010 New Orleans, LA 70112

Conference Registration Fees:

	THROUGH APRIL 7TH	AFTER APRIL 7TH AND ON-SITE	EVERY 3RD REGISTRANT FROM YOUR ORGANIZATION (MUST REGISTER!)
FIS, AFFILIATE MEMBERS & CORPORATIONS WITH REFERRAL Conference Only	\$370	\$460	FREE*
CORPORATIONS WITHOUT REFERRAL Conference Only	\$525	\$550	FREE*
PRE-CONFERENCE WORKSHOPS—OPTIONAL Registrants May Choose ONE Option (See Below)	Add \$105	Add \$105	Add \$105

Registrants May Choose ONE Option (See Below)	Ασα ψ100	Ασα ψ100	Ασα ψ100					
	tration form below to the SFI	ut please register by April 7th. E office no later than April 7th. ual.org on letterhead or duplica	ates of this form.					
Attendee Information:								
NAME (will appear on badge)								
□ AAP □ CCM □ CTP □ NCP □ Other: Specify	badge) P D NCP D Other: Specify TODAY'S DATE							
TITLE								
ORGANIZATION								
ADDRESS								
CITY	STATE	ZIF	·					
PHONE	FAX							
E-MAIL	🖵 Please do	not release my e-mail						
Have you attended this conference before? $\ \square$ Yes $\ \square$	l No							
SFE Member Referral for Corporations								
If you have a relationship with an SFE member, fill in the re								
FI		Name						
PHONE	Information will be	verified with the SFE mem	ber.					
Payment Information:								
☐ CONFERENCE FEE (see table above)			\$					
☐ Spouse/Guest Registration (Reception and 2 luncheons) \$120 Spouse/Guest's Name:			\$					
WORKSHOP (additional fee of \$105, check one) ☐ Effectively Handling ACH Exceptions-What You Need to Know ☐ The Art and Science of Check Return Codes ☐ Building and Maintaining a Quality ACH Origination Program.	Now!		\$					
		TOTAL	\$					
Method of Payment: Make check payable to Southern Financial Exchange.								
☐ Check ☐ Send Invoice ☐ ACH Direct Payment R/T #		DDA/GI # (Circle one) & A	ccount #					

☐ Check	☐ Send Invoice	□ ACH Direct Payment R/T #		DDA/GL# (Circle one) & Account #	_
Authorized	Signature		Print	Name	