

REGISTRATION INFORMATION

Please register only one person per form. Type or print clearly

Name: _____

Badge Nickname: _____

Company: _____ Title: _____

Physical address: _____

City: _____ State: _____ Zip: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Tuesday, May 19, 2009

Time:
11:30 a.m. - 2:00 p.m.

Hilton Fort Worth
815 Main Street
Fort Worth, TX 76102
817-870-2100



PAYMENT:

One person at \$195.00

Additional individuals from my firm at \$125.00 each (if you are registering for multiple people, please fill out a form for each person and supply the credit card information on only one of the forms indicating the total count)

Please charge my: MasterCard Visa American Express Discover

Name as it appears on card: _____

Card Number: _____ Title: _____

Signature: _____

Total attendees: _____

Enclosed is a check or money order made payable to IFLC.

Registration form and full payment must be received together by May 4th.

Mail your registration to: P.O. Box 14512, Arlington, Texas 76094