

2011 Annual Consultants' Conference

Registration Form

PLEASE COMPLETE THE INFORMATION BELOW:

Name: _____ Nickname (for badge): _____ Member #: _____

Firm Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Tel: _____ Fax: _____ E-mail: _____

CONFERENCE REGISTRATION FEES AND DISCOUNTS:

Conference Registration Fee: (member price: \$1,165 — non-member price: \$1,295) \$ _____

NACVA Credit Voucher/IBA Universal Bucks Voucher (please include voucher, maximum of one per person) \$ < _____ >

TOTAL CONFERENCE REGISTRATION FEE: \$ _____

ADDITIONAL REGISTRATIONS: (Additional fees required)

Case Analysis in Person (CAP) (Wednesday, June 8, 6:30 am–8:15 am) (A convenient way for NACVA credentialed members to fulfill one of three recertification requirements; 2 hrs CPE, Fee \$195). \$ _____

Current Update in Valuations (CUV) Pre-Conference Symposium (Wednesday, June 8, 8:15 am–5:40 pm)
(A convenient way for NACVA credentialed members to fulfill one of three recertification requirements; 9 hrs CPE,
Fee \$450 for NACVA or IBA members, \$500 for non-members) \$ _____

Register me for the following exam (Saturday, June 11, 8:00 am) (no charge if previously paid)
Exam Name: _____ \$ _____

5-K Run, Friday, June 10, 2011 (\$50 per person. Proceeds to benefit NACVA Academic Research Fund) \$ _____

To register for Business Valuation Certification and Training Center (June 13-18, 2011), please contact Member Services: (800) 677-2009.

To register for Litigation Bootcamp for Financial Experts (June 6-11, 2011), please contact Member Services: (800) 677-2009.

SPOUSE/GUEST FEE:

\$165 per person (covers food and beverages at continental breakfasts, AM and PM breaks, luncheons, and receptions).....\$ _____

(Guest badge information; please print)

Name: _____ City: _____ State: _____

Name: _____ City: _____ State: _____

TOTAL CONFERENCE REGISTRATION FEE \$ _____

ADDITIONAL REGISTRATION FEES \$ _____

TOTAL \$ _____

Payment Method: Check # _____ or VISA MasterCard AMEX Discover Card Diners Club

Card #: _____ Expiration Date: _____

Credit card billing address: Same, or . . .

Address: _____ City: _____ State: _____ ZIP: _____

Card Holder Signature* _____

* Your signature will authorize the CTI/NACVA/IBA to confirm your registration via e-mail and/or fax and authorize the CTI/NACVA/IBA to use either medium for future communication. CTI/NACVA/IBA will not disclose or share this information with third parties to secure confidentiality.

Four Ways to Register with NACVA:



Phone:
(800) 677-2009
(801) 486-0600



Fax:
(801) 486-7500



Mail:
1111 Brickyard Road, Suite 200
Salt Lake City, UT 84106-5401



E-mail:
nacva1@nacva.com

Four Ways to Register with IBA:



Phone:
(800) 299-4130
(954) 584-1144



Fax:
(866) 353-5406



Mail:
IBA
P.O. Box 17410
Plantation, FL 33318



E-mail:
registration@go-iba.org