



Insurance Association of Metropolitan Detroit, Inc.
 Member of National Association of Insurance Women International
 64th Annual Region IV Conference
 Friday- March 27, 2009 - Sunday March 29, 2009



Be sure and complete BOTH sides of this
APPLICATION FOR AN IAMD

PASSPORT TO SUCCESS

Name:	Badge Name:	
Local Association:	Designation(s):	
Employer:		
Address:		
City:	State:	Zip:
Work Phone:	Home Phone:	

- Please check here if you DO NOT want to be listed in the program.
 Please check here for an e-mail confirmation of your registration.
 E-mail address: _____

WHAT TO SUBMIT WITH THIS FORM			
Registration Includes ALL Official Conference Events			
Sign up early and save. Early registration Deadline is January 15, 2009 No refunds after February 15, 2009			
Post Mark Date:	On or before January 15, 2009	After January 15, 2009	Total Amount
Member / Exhibitor	\$175.00	\$185.00	\$
Guest	\$185.00	\$195.00	\$
Daily (specify date)	\$90.00	\$110.00	\$
Additional Awards Dinner Tickets - \$60.00 each			\$
TOTAL			\$

WHERE TO SUBMIT THIS FORM

Make all checks payable to: IAMD 2009 Region IV Conference Fund

Registration Deadline: March 1, 2009. Mail Registration form and check to:

Florence Nagy - Reservations Co-Chair
 18518 Fremont
 Livonia, MI 48154
 nagyf007@sbcglobal.net
 734-513-0300 (office) fax: 734-513-0318

Kathleen Bianculli - Reservations Co-Chair
 kbianculli@meadowbrook.com
 248-204-8218 (office)

PLEASE SEE REVERSE SIDE FOR ADDITIONAL REGISTRATION INFORMATION NEEDED



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PREVIOUS APPLICANTS AND SPECIAL TRAVELERS:

- | | | |
|--|--|--|
| <input type="checkbox"/> Voting Delegate | <input type="checkbox"/> National President / Past | <input type="checkbox"/> Council/State Director / Past |
| <input type="checkbox"/> Alternate Delegate | <input type="checkbox"/> National Officer / Past | <input type="checkbox"/> Council Director Elect |
| <input type="checkbox"/> Local Association President | <input type="checkbox"/> Regional VP / Director / Past | <input type="checkbox"/> First Timer |
| <input type="checkbox"/> CWC Contestant | <input type="checkbox"/> CPIW / CPIM | <input type="checkbox"/> DAE |
| <input type="checkbox"/> Speaker | <input type="checkbox"/> Exhibitor | <input type="checkbox"/> Guest |
| <input type="checkbox"/> Member at Large | | |

SPECIAL REQUIREMENTS:

Do you need any auxiliary aids/services under the American's with Disabilities Act?	Yes / No
If yes, please explain:	
Do you have any menu restrictions? If yes, what?	

Will you be arriving by car or plane?	Car / Plane
Arrival date and time:	

Will Attend the Greektown Casino Adventure on Friday – March 27, 2009 – 4:00 p.m. – 9:00 p.m. Bus will be provided by IAMD. YES____ NO ____
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EMERGENCY CONTACT INFORMATION:

In case of a medical emergency during the conference, please contact:

Name & Relationship to Attendee:

Daytime Telephone: _____ Evening Telephone: _____

Mobile Telephone: _____

Any medical allergies:

Questions: Nancy J. Fournier
248-615-8616 (office)
nfournier@amerisure.com

Nancy J. Kramer
313—563-7390 (office)
NJKramer@AAAMichigan.com

PLEASE SEE REVERSE SIDE FOR ADDITIONAL REGISTRATION INFORMATION NEEDED