

24th Annual Conference Registration Form Sunday, June 5th - Tuesday, June 7th, 2016 Pier5 Hotel, Baltimore, MD

(Please complete and return, as this information will also be used to update the *CIMRO* database)

	<u>A11</u>	<u>ENDEE:</u>		
Name:	Pho	one Number:		
Company:	E-n	nail Address:		
Address (City, State, & Zip Co	ode):			
Yes, I will attend	Include spouse/guest; name	:		
☐Include children's name	es & ages:	2)2))	3)
ACCOMMODATIONS: Pie	r5 Hotel, Baltimore, MD			
	esponsible for your own rese		•	•
hotel o	lirect, 410-539-2000 refer to	the CIMRO Con	ference group r	rate.
NOTE: PLEASE BOOK	YOUR ROOM EARLY – <u>TH</u>	ESE RATES VALII	O WHEN BOOKI	ED BY April 30th, 2016
	Room	Rat	es	
	Standard	\$169	0.00	
	egotiated rates are available 3 of extra days (refer to the CIMRO			
	Check-In Time: 3:00 p.m	. – Checkout Time:	11:00 a.m.	
Check-In Date	Check-In Date Check-Out Date			nodations Required
<i>TRANSPORTATION:</i> Plan y	our arrivals and departures fro	m the Baltimore / Wa	ashington Interna	tional Airport (BWI)
	de renting a car (price varies), t 20-25 minutes, shuttles may ta			-25 per person.
ATTIRE: For your comfort, c	asual attire is welcome for the	entire conference.		
PLANNED ACTIVITIES (sp	ouses and families welcome):	I'll Attend	Spouse/Guest	Attend Won't Attend
Sunday night - Welcome re				
Monday night – Dinner and	d Networking			

(The above activities are included in your conference registration fee)



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		Check all applicable				8	
Choose One			Add My		Add		Total of Base +
Registrant Type	Base Fee	+	Guest/Family	+	After April 30	=	Checked items
Attendee - from a	\$195		\$150		\$55	=	
Financial Institution							
Attendee - from a	\$0		\$150		\$0	=	
Full Sponsor Company	(included in sponsorship)						
Attendee - Business guest of a	\$0		\$150		\$0	=	
Full Sponsor Company	(included in sponsorship)						
Name of Sponsor Company:							
Attendee - Break Sponsor	\$750	_	\$150		\$0	H	
Non Sponsor - Industry	\$495	7	\$150		\$0	=	
Provider or Product Roundtable			3.				
Participant							

Payment Options (please indicate preference):
1) Check:
Attach and make checks payable to CIMRO and mail to
Lisa Dutton
C/O Securian Financial Group
400 Robert Street North, A8-4337
St. Paul, MN 55101
2) Credit Card payments: Via Pay Pal on the CIMRO.org website conference page
Please fax completed registration form to (651) 665-4410 Attention: Lisa Dutton or email to lisa.dutton@securian.com
Check here if you would like to receive an invoice for conference fees.
Any questions can be addressed to Lisa Dutton at (651) 665-4337 or Sara Webb (919) 716-9712