



Registration Form

2012 Insurance Fraud Management Conference

March 25–28, 2012 • Arizona Grand Resort • Phoenix, Arizona

Please complete a separate registration form for each person attending. Reproduce the form if necessary.

Please type or print clearly or attach your business card so we can print your badge correctly.

Mr. Ms. Dr.

Full Name (first, last) _____

Professional Designation _____

Nickname (for badge) _____

Title _____

Company _____

Address _____

City _____ State _____ ZIP _____

Telephone _____ Fax _____

E-mail _____

Emergency Contact Name _____

Emergency Contact Number _____

Please check one in each column.

Primary area of responsibility:

- Claims
- Fraud management
- Attorney
- Third-party administrator
- Service provider
- Investigator

Job level:

- SIU director / AVP / VP
- Executive
- H.O. management
- Field management
- H.O. support
- Field support
- House counsel

ON-SITE REGISTRATION FEE

Insurers \$ 950
Service providers (nonexhibitors) \$1,250

Payment must accompany each registration.

PAYMENT INFORMATION

Payment received by: Check Credit card

Check number _____

Visa MasterCard American Express

Credit card number _____

3- or 4-digit security code _____

Expiration date _____

Name on card _____

Signature _____

DIETARY RESTRICTIONS _____

SPECIAL NEEDS _____

Have you attended the IFM Conference before? Yes No

Will you be attending the reception on Sunday, March 25? Yes No

FOR ISO USE ONLY	
Person ID _____	Reg. ID _____
People Code _____	Reg. Code _____

