



Association of Insurance Compliance Professionals®
South Central Chapter Education Day
May 18, 2018

To register by mail, send the completed form below to:

AICP
11130 Sunrise Valley Drive
Suite 350
Reston, VA 20191

Yes, register me for the AICP South Central Chapter E-Day in Southlake, TX!

Name of Registrant: _____

Position: _____

Firm / Company: _____

Address: _____

City / State / Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Please check area(s) of interest: L&H P&C

Are you a member of AICP? Yes No If yes, which chapter? _____

PAYMENT INFORMATION: (Online registration available at www.AICP.net)

Enclosed is my check for \$ _____ made payable to the South Central Chapter–AICP.

Payment by Credit Card: Please provide the following information.

Credit Card Type <input type="checkbox"/> Visa, <input type="checkbox"/> Mastercard, <input type="checkbox"/> American Express, <input type="checkbox"/> Other _____	Expiration Date
Card Number	Amount to be Charged
Name as it Appears on Card	Cardholder Signature

QUESTIONS - CONTACT:

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