

1 REGISTRANT INFORMATION

Please register only one person per form. All fields are required – please type or print legibly.

First Name: _____ Last Name: _____ MI: _____
 Badge Name: _____ Designations: _____
 Title: _____
 Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 E-mail: _____

Please note that the information printed above for Badge Name, Company, City and State will appear on your conference badge exactly as stated.

Is this your preferred mailing address for all ASPPA correspondence? Yes, please change my address No

2 ADDITIONAL INFORMATION

This is my first DOL Speaks Conference.

Job Classification (check all that apply):

Accountant Actuary Consulting Firm Human Resources Personnel Insurance Agent Investment Legal Firm TPA
 Other (Please specify): _____

Please check dietary requirements (if applicable): Kosher Vegetarian Other: _____

If you require special accommodations due to a disability, please specify: _____

3 WORKSHOP SELECTION

Monday, September 20, 2010

1:30 p.m. – 2:45 p.m. Workshop 1 Workshop 2
 3:00 p.m. – 4:15 p.m. Workshop 3 Workshop 4 Workshop 5
 4:30 p.m. – 5:45 p.m. Workshop 6 Workshop 7

Tuesday, September 21, 2010

11:00 a.m. – 12:15 a.m. Workshop 8 Workshop 9

4 PAYMENT

	Early* (before 8/20/10)	Regular (8/21/10–9/15/10)	On-site (after 9/15/10)
Registration	<input type="checkbox"/> \$650	<input type="checkbox"/> \$750	<input type="checkbox"/> \$850
**Additional Participant	<input type="checkbox"/> \$550	n/a	n/a
MONDAY Registration Only	<input type="checkbox"/> \$395	<input type="checkbox"/> \$395	<input type="checkbox"/> \$395
Government Participant (IRS, Treasury, DOL, PBGC)	<input type="checkbox"/> \$300	<input type="checkbox"/> \$300	<input type="checkbox"/> \$300

Total Due: _____

Check Payment: Check number: _____
 Credit card: Visa MasterCard American Express Discover
 Card Number: _____ Exp. Date: _____
 Cardholder's Name: _____
 Signature: _____

To prevent duplication of payment, send your registration form only once. If you are mailing it, do not fax it and vice versa.

*To qualify for the early registration fee, registration and payment must be received in the ASPPA office by August 20, 2010. The fee is calculated based on the receipt date of the registration form, not the postmark. Registrations will be accepted by the ASPPA office through September 15, 2010 at the regular registration rate. Any registrations received after this date will be charged the on-site registration fee.

**To qualify for the additional participant rate, additional participants must be from the same company and ALL REGISTRATION FORMS MUST BE SUBMITTED TOGETHER with payment by the early registration deadline of August 20, 2010.

