

REGISTRATION FORM

Name _____ Company _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____ E-Mail _____

If you are a sponsoring company, print name below as it is to be shown on all displays:

INDIVIDUAL REGISTRATION**

				Amount Due
Number of Members Attending	_____	x	\$150.00	_____
Number of Non-Members Attending	_____	x	200.00	_____
Sponsor	_____			_____
Level of Sponsorship	_____			_____
Galloway Lunch	_____		\$ 1,000	_____
Cocktail Reception				Sponsored By THE STANDARD
Presidents Dinner	_____		\$ 1,000	_____
Breakfast Buffet	_____		\$ 1,000	_____
Exhibitor	_____		\$ 350	_____
Program Ad Full Page			\$ 200	_____
Program Ad Half Page			\$ 100	_____

AMOUNT DUE _____
Discounts (Jewels and gems) _____
TOTAL DUE with discounts _____

****Hotel Reservations can be made by calling 1-800-593-6419**

Reservations must be made by April 17, 2009 to receive discounted room rates
 ROOM RATE IS \$169.00 - Ask for Alabama Association of Health Underwriters Discount

List names as they should appear on name badges - **PLEASE PRINT**

<p>For questions contact:</p> <p>Paige Phillips, Executive Director for AAHU at 205-995-4467 Email: Paige@awm.cc Fax: 888-718-6765</p>
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