



Please type or print clearly. Photocopy form to register additional people if needed.

Company	Contact person's name	Contact person's telephone
Contact person's email	Contact person's fax	
Company mailing address	City	State/province
		Zip/postal

WINTER SEMINAR REGISTRATION

WINTER SEMINAR REGISTRANT INFORMATION					CFSA MEMBER FEES		NON-MEMBER FEES		TOTAL
Full Name of Registrant <i>(Circle fee amounts as appropriate)</i>	1st Name for Badge	Email Address <i>(adults only—for confirmation)</i>	Spouse/Guest <i>(indicate with "X")</i>	Child under 18 <i>(indicate age)</i>	Adult	Child (under 18)	Adult	Child (under 18)	
					\$795	\$295	\$950	\$395	\$
					\$795	\$295	\$950	\$395	\$
					\$795	\$295	\$950	\$395	\$
					\$795	\$295	\$950	\$395	\$
1. REGISTRATION FEE SUBTOTAL									\$

OPTIONAL ACTIVITIES REGISTRATION

Full Name of Activity Participant <i>(Circle fee amounts as appropriate)</i>	Age <i>(if under 18)</i>	Friday, March 9					Saturday, March 10				TOTAL
		Golf Tournament				Natural Caverns Tour	Toyota Plant Tour	Segway San Antonio	Zoo & Japanese Tea Garden	Alamo Tour	
		Golf Fee	Rental Club Fee <i>(optional)</i>	Rental Club Type <i>(circle one)</i>	Handicap						
		\$100	\$54	L R		\$82	\$46	\$106	\$56	\$35	\$
		\$100	\$54	L R		\$82	\$46	\$106	\$56	\$35	\$
		\$100	\$54	L R		\$82	\$46	\$106	\$56	\$35	\$
		\$100	\$54	L R		\$82	\$46	\$106	\$56	\$35	\$
		\$100	\$54	L R		\$82	\$46	\$106	\$56	\$35	\$
		\$100	\$54	L R		\$82	\$46	\$106	\$56	\$35	\$
2. ACTIVITIES REGISTRATION SUBTOTAL											\$

TOTAL AMOUNT DUE (Sum of subtotals 1 and 2 above)	\$
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Cancellation Policy: Registration fees will be refunded minus a 25% fee if notifying CFSA staff before 3/2/12; no refunds will be issued if staff is not notified by 3/2/11. **Hold Harmless:** Registration for optional activities signifies that you agree to hold CFSA, its staff, and agents harmless against all claims of losses or damages to property or persons as a result of participating in optional activities. **Special Needs:** Those with special needs as identified in the Americans with Disabilities Act, or dietary restrictions, should submit requests to Barbara Russell at (847) 295-6630 or email brussell@cfsaa.org at least two weeks prior to the event.

PAYMENT METHOD: <input type="checkbox"/> Check enclosed (in US\$) <input type="checkbox"/> Bill my company (CFSA members only) <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa				
Name as it appears on card	Billing street address	City	State/province	Zip/postal
Account number	Exp. date	Sec. code	Signature of authorized card holder	