

#AllinForImpact

The 28th Annual SRI Conference
November 1-3, 2017 | Hotel del Coronado, San Diego



Participant Registration Form

What's Included All Sessions • Meals • Receptions • Breaks • Taxes and Gratuities

NOT Included Transportation (flights) • Lodging* (see notes on page 2)

- Instructions**
- **To pay by check**, submit this form and attach a check payable to "The SRI Conference."
 - **Regular Mail** or **Overnight** to: George Gay, The SRI Conference, 5475 Mark Dabling Boulevard, Suite 108, Colorado Springs, Colorado 80918 | 719.636.1045
 - To pay by **credit card**, call Krystala Kalil at 888.774.2663 with the information requested below.
 - Please provide complete contact information **for each participant** below — *even if you think we have it!*
 - For **assistance** or additional information, call Krystala Kalil at 888.774.2663 or e-mail Krystala@SRIconference.com.

Attendee #1

Attach business card. Complete fields that differ from your card. Include additional registrations on page 2.

Name: _____ Badge Name (if different): _____
Company: _____ Title: _____
Street Address: _____
City, State & Zip: _____
Telephone: _____ E-mail: _____

Please do not publish my contact information.
 I am a licensed investment professional: CFP ID# _____ CIMA ID# _____ CFA ID# _____

Special dietary needs (e.g., vegan; dairy intolerant, etc.): _____

Registration Fees Registration Fees. Please enter number of attendees below and total cost at right.

	Early Bird (thru Sept.13)	Advanced (Sept.14–Oct.13)	Late/On-site (after Oct.13)	Student/Spouse Companion	
_____ x \$995	_____ x \$1,095	_____ x \$1,195	_____ x \$495	= \$ _____	
Presenter: SRI Industry Professional			_____ x \$495	= \$ _____	
Sponsor Representative			_____ x \$495	= \$ _____	
			Registration Subtotal	= \$ _____	

Discounts Not applicable to \$495 registrations

US SIF / SIO / EuroSIF / ASrIA / RIAA Member Discount	_____ x \$65	= \$ _____
Employees of Non-Profit Organizations (not applicable to \$495 registrations)	_____ x \$100	= \$ _____
Regional Investing for Impact Event Participant: Code: _____	_____ x \$50	= \$ _____
	Discount Subtotal	= \$ _____

Total Fees **Registration Subtotal – Discounts = Total Registration Fee = \$ _____**

Credit Card

Card Type: VISA MC AMEX Card #: _____
Card Exp: ____ / ____ CID: _____ Billing Address: Numerals: _____ Billing Zip Code: _____
Cardholder Name: _____ Signature: _____

Additional Registrations

Please provide contact information for each additional participant covered by this registration form (colleagues, spouses, companions, or children). **Please provide all of the information — even if you think we already have it!** If you prefer, you are welcome to also attach a business card for each participant. If you are registering more than four (4) individuals, please copy this form as needed and provide full contact information for all additional attendees. Thank you!

Attendee #2

Please feel free to also attach a business card and complete the fields that differ from your card.

Name:	Badge Name (if different):
Company:	Title:
Street Address:	
City, State, Zip:	
Telephone:	E-mail:
<input type="checkbox"/> Please do not publish my contact information.	
<input type="checkbox"/> I am a licensed investment professional: <input type="checkbox"/> CFP ID# _____ <input type="checkbox"/> CIMA ID# _____ <input type="checkbox"/> CFA ID# _____.	
<u>Special dietary needs (e.g., vegan; dairy intolerant, etc.):</u>	

Attendee #3

Please feel free to also attach a business card and complete the fields that differ from your card.

Name:	Badge Name (if different):
Company:	Title:
Street Address:	
City, State, Zip:	
Telephone:	E-mail:
<input type="checkbox"/> Please do not publish my contact information.	
<input type="checkbox"/> I am a licensed investment professional: <input type="checkbox"/> CFP ID# _____ <input type="checkbox"/> CIMA ID# _____ <input type="checkbox"/> CFA ID# _____.	
<u>Special dietary needs (e.g., vegan; dairy intolerant, etc.):</u>	

Attendee #4

Please feel free to also attach a business card and complete the fields that differ from your card.

Name:	Badge Name (if different):
Company:	Title:
Street Address:	
City, State, Zip:	
Telephone:	E-mail:
<input type="checkbox"/> Please do not publish my contact information.	
<input type="checkbox"/> I am a licensed investment professional: <input type="checkbox"/> CFP ID# _____ <input type="checkbox"/> CIMA ID# _____ <input type="checkbox"/> CFA ID# _____.	
<u>Special dietary needs (e.g., vegan; dairy intolerant, etc.):</u>	

* **Lodging** is NOT included in your registration. Please make your room reservation directly with the Hotel del Coronado, San Diego. Mention "The SRI Conference" to receive the reduced conference room rate. For a direct link to SRI Conference reservations, visit "FAQs / Lodging" on the conference website (www.SRIconference.com).

REFUND POLICY. Refund requests will be granted less a \$100 administrative fee for full registrations, \$50 administrative fee for \$495 registrations, through October 13, 2017. Thereafter, no refunds will be available.

QUESTIONS? Contact Conference Coordinator, Krystala Kalil, at 888.774.2663 / Krystala@SRIconference.com