



**Insurance Association of Metropolitan Detroit, Inc.
Member of National Association of Insurance Women International
64th Annual Region IV Conference
Friday- March 27, 2009 - Sunday March 29, 2009**



**Be sure and complete BOTH sides of this
APPLICATION FOR AN IAMD**

PASSPORT TO SUCCESS

Name:	Badge Name:
Local Association:	Designation(s):
Employer:	
Address:	
City:	State: Zip:
Work Phone:	Home Phone:

___ Please check here if you DO NOT want to be listed in the program.
 ___ Please check here for an e-mail confirmation of your registration.
 E-mail address: _____

<u>WHAT TO SUBMIT WITH THIS FORM</u>			
Registration Includes ALL Official Conference Events			
Sign up early and save. Early registration Deadline is January 15, 2009 No refunds after February 15, 2009			
Post Mark Date:	On or before January 15, 2009	After January 15, 2009	Total Amount
Member / Exhibitor	\$175.00	\$185.00	\$
Guest	\$185.00	\$195.00	\$
Daily (specify date)	\$90.00	\$110.00	\$
Additional Awards Dinner Tickets - \$60.00 each			\$
TOTAL			\$

WHERE TO SUBMIT THIS FORM
Make all checks payable to: IAMD 2009 Region IV Conference Fund

Registration Deadline: March 1, 2009. Mail Registration form and check to:

Florence Nagy - Reservations Co-Chair
 18518 Fremont
 Livonia, MI 48154
 nagyf007@sbcglobal.net
 734-513-0300 (office) fax: 734-513-0318

Kathleen Bianculli - Reservations Co-Chair
 kbianculli@meadowbrook.com
 248-204-8218 (office)

PLEASE SEE REVERSE SIDE FOR ADDITIONAL REGISTRATION INFORMATION NEEDED



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PREVIOUS APPLICANTS AND SPECIAL TRAVELERS:

- | | | |
|--|--|--|
| <input type="checkbox"/> Voting Delegate | <input type="checkbox"/> National President / Past | <input type="checkbox"/> Council/State Director / Past |
| <input type="checkbox"/> Alternate Delegate | <input type="checkbox"/> National Officer / Past | <input type="checkbox"/> Council Director Elect |
| <input type="checkbox"/> Local Association President | <input type="checkbox"/> Regional VP / Director / Past | <input type="checkbox"/> First Timer |
| <input type="checkbox"/> CWC Contestant | <input type="checkbox"/> CPIW / CPIM | <input type="checkbox"/> DAE |
| <input type="checkbox"/> Speaker | <input type="checkbox"/> Exhibitor | <input type="checkbox"/> Guest |
| <input type="checkbox"/> Member at Large | | |

SPECIAL REQUIREMENTS:

Do you need any auxiliary aids/services under the American=s with Disabilities Act?	Yes / No
If yes, please explain:	
Do you have any menu restrictions? If yes, what?	

Will you be arriving by car or plane?	Car / Plane
Arrival date and time:	

Will Attend the Greektown Casino Adventure on Friday – March 27, 2009 – 4:00 p.m. – 9:00 p.m. Bus will be provided by IAMD. YES ___ NO ___

EMERGENCY CONTACT INFORMATION:

In case of a medical emergency during the conference, please contact:

Name & Relationship to Attendee:

Daytime Telephone: _____ Evening Telephone: _____

Mobile Telephone: _____

Any medical allergies:

Questions: Nancy J. Fournier
248-615-8616 (office)
nfournier@amerisure.com

Nancy J. Kramer
313—563-7390 (office)
NJKramer@AAAMichigan.com

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