



CONFERENCE REGISTRATION

Complete this form and return it with payment to register. Copy form for additional registrations. Incomplete or registration forms without payment will not be processed. Confirmation will be emailed to you within 10 days for registrations received by October 22, 2010.

TYPE OR PRINT CLEARLY

First Name (as it will appear on your name badge) _____ Last Name _____

Company (as it will appear on your name badge) _____

Street Address _____

City _____ State _____ Postal Code _____

Email (required to receive confirmation) _____ Daytime Telephone _____

- I am a first-time attendee of the Indiana Commercial Real Estate Conference
- I will attend the reception on Thursday, October 28 OR I will not attend the Thursday reception
- I have special meal requirements Vegetarian Kosher Other _____
- I wish to opt-out of the email list provided to sponsors and exhibitors prior to the conference

REGISTRATION FEES

	On/Before October 21	After October 21
Member <i>Individual is a member of ICBR or CRES</i>	<input type="checkbox"/> \$199	<input type="checkbox"/> \$239
Non-Member <i>Individual is not a member of ICBR</i>	<input type="checkbox"/> \$279	<input type="checkbox"/> \$309
Institute Affiliate Member <i>Joined ICBR through CCIM, SIOR, ALC, CPM, or CRE</i>	<input type="checkbox"/> \$279	<input type="checkbox"/> \$309
REALTOR Member <i>Not a member of ICBR, but member of another local Board of REALTORS®. Discount code required _____</i>	<input type="checkbox"/> \$239	<input type="checkbox"/> \$279

CANCELLATIONS

Registration cancellations are subject to a \$10 cancellation fee. Requests for refund must be received by ICBR in writing by October 22. No refunds will be given after October 22.

ADA

Submit a statement of special needs with your registration form.

TABLE SPONSORSHIP REGISTRATION OPTION

Reserve a table near the front of the general session room. On a separate paper list the 10 individuals you are registering for the conference. Or email this form with a list to registration@icbor.com. Table sponsorship deadline is October 22.

Table Sponsorship \$2,200

CEU FORMS
Certificates will be presented at the end of each CEU session.

METHOD OF PAYMENT

- Check (payable to ICBR)
 - Visa / MasterCard
- Total Enclosed \$ _____

ICBR CONTACT INFORMATION
317-328-5259
registration@icbor.com

Name (as it appears on credit card) _____

Account Number _____ Billing Zip Code _____ Exp. Date _____

Signature _____

FAX FORM 317-328-4629 (credit card payments only) or
EMAIL FORM registration@icbor.com (credit card payments only) or
MAIL FORM Indiana Commercial Real Estate Conference c/o ICBR
9100 Purdue Road, Suite 200, Indianapolis, IN 46268

OR REGISTER ONLINE www.IndianaRealEstateConference.com

OFFICE USE ONLY	Rec'd _____	Check # _____
	Auth # _____	Posted _____