

FEC CONFERENCE FOR CAMPAIGNS AND POLITICAL PARTY COMMITTEES
WASHINGTON, DC
MAY 3-4 2010

CONFERENCE REGISTRATION FORM

Name: _____

Position: _____

Organization: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____ E-mail Address: _____

Fax Number: _____ Years of Federal Campaign Finance Law Experience: _____

Special Requests/Dietary Needs: _____

Please check here if you are attending this conference to comply with an ADR settlement or other FEC enforcement agreement.

Breakout Selections:

Monday, May 3 AM Breakout (Choose One): *(Do not choose Option A2 unless you have previously attended an FEC conference.)*

- Option A1: Getting Started: Basics for Beginners
- Option A2: Legal Issues—Recent Developments in Federal Campaign Finance Law

Team Workshops for May 3-4 (Choose the organization you represent):

- Option B1: House/Senate Campaigns
- Option B2: Political Party Committees

Tuesday, May 4 AM Breakout (Choose One):

- Option C1: The Three R's: Recording, Reporting and Responding
- Option C2: Making the Most of Corporate/Labor/Trade Communications

Tuesday, May 4 PM Breakout (Choose One):

- Option D1: Making the Most of Corporate/Labor/Trade Resources
- Option D2: Best Practices in Committee Management

Payment:

Mail registration form and fee (\$499 per attendee) to Sylvester Management Corporation, P.O. Box 986, Irmo, SC 29063. A late charge of \$51 will added for registrations received after 5 p.m. EDT, April 2, 2010. A full refund will be made for all cancellations received before that date and time. If paying by check, please make check payable to Sylvester Management Corporation; note *FEC 2010 Candidate/Party Conference* on the memo line. Credit card payments will appear on your statement as paid to Sylvester Management Corporation. For credit card payments, please complete the information below:

I authorize payment to my credit card: Visa MasterCard Discover Card American Express

Card Number: _____ Expiration Date: _____

Name on Card: _____ 3 or 4-digit Security/VCode (on back of card) _____

Signature of Cardholder: _____

Billing Address: _____

City/State/Zip: _____ E-mail address of Cardholder: _____

To register by fax, fax filled-out registration form and credit card payment information to (803) 732-0135.
To register online, visit <http://www.fec.gov/info/conferences/2010/candparty10.shtml>

Print Form