

Conference Registration Form



Name: _____

Position: _____

Organization: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____ Email 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:

Wednesday, September 7 AM Breakout: (Choose one) (Please do not choose Option A2 unless you have previously attended an FEC conference; this session will be repeated later in the conference.)

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

Team Workshops for September 7-8: Committee Operations (Choose the organization you represent)

- Option B1: House/Senate Campaigns
- Option B2: Political Party Committees
- Option B3: Corporate/Labor/Trade PACs

Thursday, September 8 AM Breakout: (Choose one)

- Option C1: Best Practices for FEC Compliance
- Option C2: Corporate/Labor/Trade Communications after *Citizens United*

Thursday, September 8 PM Breakout: (Choose one)

- Option D1: Using Corporate/Labor/Trade Facilities and Resources
- Option D2: Legal Issues—Recent Developments in Federal Campaign Finance Law (Repeat)

Payment:

Mail registration form and fee (\$525 per attendee, which includes a \$25 nonrefundable transaction fee) to Sylvester Management Corporation, P.O. Box 986, Irmo, SC 29063. A late charge of \$50 will be added for registrations received after 5 p.m. EDT, August 12, 2011. 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 2011 Minneapolis 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 using my credit card: Visa Mastercard Discover Card American Express

Card Number: _____ Expiration Date: _____

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

Billing address: _____

City/State/Zip: _____ Email: _____

To register by fax, please submit the completed registration form and credit card payment information to (803) 732-0135. To register online, visit <http://www.cvent.com/d/5cqnfw/4W>.

Print Form