



Insurance Women of Columbus Ohio  
 Member of National Association of Insurance Women International  
 63<sup>rd</sup> Annual Region IV Conference  
**Thursday March 27, 2008 - Sunday March 30, 2008**  
 "A New Direction"



Please type or print. One form per person. Photocopy as needed.

**Be sure and complete BOTH sides of this registration form.**

Name:	Badge Name:
Local Association:	Designation(s):
Employer:	
Address:	
City:	State: <span style="float: right;">Zip:</span>
Work Phone:	Home Phone:

- Please check if you DO NOT want to be listed in the program.
- Please check for an e-mail confirmation of your registration.

E-mail address: \_\_\_\_\_

Registration Includes ALL Official Conference Events <b>Sign up early and save. Early registration Deadline is January 15, 2008.</b> <b>No refunds after February 15, 2008</b>			
Post Mark Date:	On or before January 15, 2008	After January 15, 2008	Total Amount
Member / Exhibitor	\$150.00	\$175.00	\$
Guest	\$160.00	\$185.00	\$
Daily (specify date)	\$90.00	\$110.00	\$
Additional Awards Dinner Tickets - \$60.00 each			\$
<b>TOTAL</b>			<b>\$</b>

**Make all checks payable to: Region IV 2008 Conference**

Registration Deadline: March 1, 2008. Mail your completed registration form and your check made payable to Region IV 2008 Conference to:

Mary Wildi CPS/CAP  
 Grange Insurance / IWOCO  
 650 S. Front Street  
 Columbus OH 43206  
 wildimy@grangeinsurance.com  
 Work: 614-445-2948

**PLEASE SEE REVERSE SIDE FOR ADDITIONAL REGISTRATION INFORMATION NEEDED**



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**Please check ALL that apply:**

- Voting Delegate
- Alternate Delegate
- Local Association President
- CWC Contestant
- Speaker
- National President / Past
- National Officer / Past
- Regional VP / Director / Past
- CPIW / CPIM
- Exhibitor
- Council/State Director / Past
- Council Director Elect
- First Timer
- DAE
- Guest

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:	

<b>EMERGENCY CONTACT INFORMATION:</b>	
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: Vikki Angelo  
 Work: 614-445-2298  
 Angelov@grangeinsurance.com

Heidi Kugler  
 Work: 614-464-4904  
 heidi.kugler@stateauto.com

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