

REGISTRATION FORM

3 WAYS TO REGISTER

1. Email: FMSChapter@FMSinc.org
2. Fax: (312) 578 - 1308
3. Mail: NY/NJ Chapter, Financial Managers Society, C/O Schuyler Savings Bank, Attn: Francesca Sgambellone, 24 Davis Avenue, Kearny, NJ 07032-3363

CONTACT INFORMATION

First Name: _____ Last Name: _____

Title: _____

Company: _____ Asset Size: _____

Mailing Address: _____ City: _____

State/Zip: _____ Email: _____

Phone: _____ Fax: _____

EVENT INFORMATION

Title of Event: _____

Date of Event: _____ Location: _____

ATTENDEE PRICING

Members:

Non-Members:

PAYMENT INFORMATION

I understand payment via mail must be received 5 business days prior to the schedule event date

Check enclosed payable to Financial Managers Society

Charge my Mastercard, Visa or American Express

Name on Card: _____

Card Number: _____ Exp: _____ Code: _____

Credit Card Mailing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

FOR QUESTIONS, PLEASE CALL 312-578-1300 OR EMAIL FMSCHAPTER@FMSINC.ORG