

REGISTRATION FORM

Inter-Company Marketing Group 26th Annual Meeting
Westin La Paloma, Tucson, Arizona
February 10-12, 2010



Full Name: _____

Nickname (leave blank if you go by your first name): _____

Title: _____

Company: _____

Street: _____

City/State/Zip: _____

Country (leave blank if United States): _____

E-Mail: _____ Phone: _____ Fax: _____

Company Type: ICMG is a networking forum for developing business relationships among insurance/financial services companies. To register as an Attendee, you must be from one of the company types listed below or otherwise associated with insurance strategic alliances. If you have questions about eligibility, please call ICMG at 703-729-7701.

- | | |
|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Insurance Company | <input type="checkbox"/> Fraternal Organization |
| <input type="checkbox"/> Managed Care Company (HMO/PPO) | <input type="checkbox"/> Bank |
| <input type="checkbox"/> Manufacturer of Insurance-Related Products (eg Dental & Prescr. Drug Benefits) | <input type="checkbox"/> Third Party Administrator |
| <input type="checkbox"/> Brokerage Firm | <input type="checkbox"/> Actuarial Services Company |
| <input type="checkbox"/> Agency | <input type="checkbox"/> Reinsurance Company |
| <input type="checkbox"/> Other Company Type (specify): _____ | |

Members: Please update your Member Profile at www.icmg.org - the Description section should include insurance products/services you are seeking/offering for possible strategic alliances (max. 100 words). Profiles are searchable online and will be printed in the 2010 Directory.

Registration Options:

Interested in exhibiting, please send info. Interested in sponsorships, please send info.

First-Timer: Check here if this is the first ICMG Meeting you have ever attended.

If so, please tell us who **referred you** to ICMG: _____

Breakout Sessions: To help us plan for seating, please indicate which of the concurrent breakout sessions you plan to attend.

A: P&C Agents Seize Life & Health Opportunities B: Maximizing Lead Generation ROI

Conference Fees:

\$795 Registration Fee

\$175 ICMG 2010 Membership Dues - Membership is required to register as an Attendee at the ICMG Annual Meeting.

\$195 Golf Tournament Thursday afternoon 2/11/10 - Handicap (optional): _____
Requested Partners (optional): _____

\$125 Guest Ticket for (Name): _____
Guest tickets enable a spouse/guest to accompany you to the Opening Reception, Cocktail Hour, breakfasts, breaks, and Closing General Session. Colleagues who plan to network at these events must register as Attendees.

\$ _____ TOTAL DUE

Payment Information:

Payment Option: Check (payable to ICMG) Visa MasterCard American Express

ICMG Tax ID #54-1878536

Credit Card Number: _____ **Expiration Date:** _____ **CVV:** _____

Cardholder's Name: _____

Refund Policy: Cancellations must be received in writing via fax (888-220-5492) or by mail/express delivery at the address below. Full refund if cancellation notice received by 1/5/2010, 50% refund if cancellation notice received from 1/6/2010 to 2/3/2010. No refunds after 2/3/2010. Substitutions will be allowed at no additional charge.

Mail To: ICMG, 44335 Premier Plaza, Suite 125, Ashburn, VA 20147 or **Fax:** 888-220-5492



Questions?

Visit our website www.icmg.org

Call 703-729-7701 or email info@icmg.org.