

# INTER-COMPANY MARKETING GROUP ANNUAL MEETING REGISTRATION FORM



**Full Name:** \_\_\_\_\_  
**First Name for Badge** (skip if you go by your first name above): \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Company:** \_\_\_\_\_  
**Street:** \_\_\_\_\_  
**City/State/Zip/Country:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**E-Mail:** \_\_\_\_\_

**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 contact ICMG at 703-729-7701 or info@icmg.org.

- |  |   |
|--|---|
| <input type="checkbox"/> Insurance Company   | <input type="checkbox"/> Fraternal Organization               |
| <input type="checkbox"/> Reinsurance Company   | <input type="checkbox"/> Third Party Administrator            |
| <input type="checkbox"/> Managed Care Company (HMO/PPO)                              | <input type="checkbox"/> Actuarial Firm                       |
| <input type="checkbox"/> Insurance-Related Product Manufacturer (eg, Discount Plans) | <input type="checkbox"/> Other Type of Distributor (eg, Bank) |
| <input type="checkbox"/> Marketing Organization (eg, Agency, Brokerage)              | <input type="checkbox"/> Other Company Type (specify): _____  |

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

## REGISTRATION OPTIONS:

- Interested in **Exhibiting**.     Interested in **Sponsorship**.
- 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 (name): \_\_\_\_\_
- Interested in **Dine-Around** participation Feb 2 (first night of conference).

**Breakout Session** (select one):

- A. Cross Selling & In-Force Marketing**     **B. Worksite Marketing & Voluntary Benefits**

## CONFERENCE FEES:

- \$765 - Earlybird Registration Fee** - Payments online, faxed or postmarked by **10/31/2010** qualify.
- \$815 - Regular Registration Fee** - Payments online, faxed or postmarked by **1/10/2011** qualify.
- \$825 - Late Registration Fee** - Payments online, faxed or postmarked on or after **1/11/2011**.
- \$175 - ICMG 2011 Membership Dues** - Membership for 2011 is required to attend the ICMG Meeting.     New     Renewal
- \$170 - Benefit Golf Tournament Wednesday afternoon 2/3/11** - Handicap (optional): \_\_\_\_\_  
Requested Golfers (optional): \_\_\_\_\_
- \$125 - Guest Ticket for (full name):** \_\_\_\_\_  
Guest tickets enable a spouse/guest to accompany you to the Opening Reception, Cocktail Hour, breakfasts, and Keynote 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

**Card Number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_ **CVV:** \_\_\_\_\_

**Cardholder's Name:** \_\_\_\_\_

**Mail To:** ICMG, 44335 Premier Plaza, Suite 125, Ashburn, VA 20147 or fax credit card payments only to 888-220-5492.

**Refund Policy:** Cancellations must be received in writing via fax (888-220-5492) or mail at the address above. Full refund if cancellation notice received by 1/4/2011, 50% refund if cancellation notice received 1/5/2011 to 1/26/2011. No refunds after 1/26/2011. Substitutions allowed at no charge.

**QUESTIONS?**  
Call 703-729-7701 or email [info@icmg.org](mailto:info@icmg.org).

