

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company/Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Continuing Education Credits:

Credits: CLE CFP CTFA CPE Missouri Insurance Illinois Insurance  
(Circle all that apply)

Professional License Number: \_\_\_\_\_

\*Select your seminar location:

- Saint Louis, MO
- Springfield, MO
- Columbia, MO
- Quincy, IL

Additional Information:

Are you attending for the first time? Will you be purchasing printed materials? (\$10)  
 Yes  No  Yes  No

How did you hear about the seminar?  
\_\_\_\_\_

\*What percentage of your practice is focused on estate planning & charitable giving?

Estate Planning \_\_\_\_\_ Charitable Giving \_\_\_\_\_

To complete your registration, print this form and submit it by e-mail to  
Dawn\_Shoopman-McDaniel@usc.salvationarmy.org or fax to 314-646-3202 (Attention:  
Dawn Shoopman-McDaniel).

**You will receive a confirmation e-mail within 24-48 hours.**

