

**NEW ORLEANS, LA | MARCH 15-17, 2020 | NEW ORLEANS MARRIOTT**

Please complete and fax credit card payment to: +1.301.907.2864. Or, mail check payment to: AFP, P.O. Box 64714, Baltimore, Maryland 21264

**QUALIFICATIONS FOR CORPORATE PRICING In order to qualify for corporate pricing, a group must:**

- consist of two or more qualified Corporate Practitioner attendees from the same employing company (see 4 for more information);
- register all of the corporate members at the same time using this Corporate Practitioner Team Pricing Application; and
- submit only one payment for the cost of the entire group.

**1 APPLICATION INFORMATION - PRIMARY CONTACT**

**FOR OFFICE USE ONLY**  
ID#: \_\_\_\_\_  CP Amt. \$ \_\_\_\_\_

Mr.  Ms.  Mrs.  Dr.      AFP Member # \_\_\_\_\_

Full Name: \_\_\_\_\_  
FIRST                      MIDDLE INITIAL                      LAST                      SUFFIX

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Home OR  Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Preferred first name for badge: \_\_\_\_\_

**4 POLICY INFORMATION**

**Non-Members:** Your non-member registration grants you full AFP membership. Upon submitting your application, you will become enrolled as an AFP member. New memberships are 12-months in duration based upon the month in which you join. For example, individuals whose AFP membership begins in April will have an expiration date of March 31 the following year. Annual dues (\$495) may be deductible as a business expense but are not deductible as a charitable contribution. Of the \$495 in annual membership dues, \$45 is applied toward a one-year subscription to AFP Exchange, which is inseparable from dues and disclosed per USPS regulations.

**Corporate Pricing Restricted to Corporate Practitioners From the Same Employing Company:** Corporate pricing at FinNext is restricted to corporate practitioners—those who direct or execute finance, treasury or accounting functions in their organization. Examples of job functions include treasurer, controller, risk manager, cash manager, financial analyst, accountant, etc. (Sales, relationship management, consulting, product development and marketing job functions are not eligible for this offer.) All applications are subject to review and approval of eligibility. Go to [www.FinNext.org](http://www.FinNext.org) for more information.

**Corporate Cancellation Policy:** There are no refunds for individual corporate member cancellations, and no vouchers for any corporate registration.

**Corporate Substitution Policy:** If a member of your group cannot attend the conference, you may substitute another corporate practitioner from your company. Once a badge is picked up on site, it cannot be substituted.

**Photography Disclosure:** Upon registering for the event, you are providing AFP the irrevocable right to use your photograph for AFP advertising, trade and promotion.

**Special Assistance:** If you have a disability and require special assistance and/or have medical or religious dietary restrictions, please specify your needs to [customerservice@AFPonline.org](mailto:customerservice@AFPonline.org) at least one week before the event so that we may accommodate your needs.

**2 PAYMENT INFORMATION / SPECIAL CORPORATE PRICING (FN20)**

Check here if you are planning to attend as part of a team.  
 Check here if you are planning to attend as an individual.

**CORPORATE PRACTITIONERS FROM THE SAME COMPANY (Early Rate valid through February 14, 2020)**

Registration	# in group	Member	# in group	Non-Member	Subtotal
<b>FIRST REGISTRANT</b> <i>(Register at the full rate)</i>	_____	<input type="checkbox"/> \$945	_____	<input type="checkbox"/> \$1,340	<input type="text"/>
<b>SECOND REGISTRANT</b> <i>(Save 10%)</i>	_____	<input type="checkbox"/> \$850	_____	<input type="checkbox"/> \$1,210	<input type="text"/>
<b>THIRD REGISTRANT +</b> <i>(Save 20%)</i>	_____	<input type="checkbox"/> \$755	_____	<input type="checkbox"/> \$1,075	<input type="text"/>
<b>TOTAL AMOUNT \$</b>					<input type="text"/>

**3 METHOD OF PAYMENT**

Check Enclosed  American Express  MasterCard  Visa  Discover Card

Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Print Cardholder's Name \_\_\_\_\_

Signature \_\_\_\_\_

All payments must be made in U.S. Dollars drawn on a US Bank. Federal Tax ID 58-1424769 To avoid duplicate credit card charges, do not mail previously faxed registrations to the AFP P.O. Box.

**FOR OFFICE USE ONLY** CC/CK# \_\_\_\_\_

Total Amt. \$ \_\_\_\_\_ LB Date \_\_\_\_\_

**Register your group on the following pages of this application.**

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**You must complete both pages of this pricing application.**

Primary Contact Full Name \_\_\_\_\_  
FIRST MIDDLE INITIAL LAST SUFFIX

**5 APPLICATION INFORMATION - GROUP**

N/A

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