



2009 Chicago Regional Conference September 15-16, 2009

Conference Registration Form

Name: _____

Position: _____

Organization: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____ E-mail Address: _____

Fax Number: _____ Years of Federal Campaign Finance Law Experience: _____

Special Requests/Dietary Needs: _____

Please check here if you are attending this conference to comply with an ADR settlement or other FEC enforcement agreement.

Breakout Selections:

Tuesday, September 15 AM Breakout: (Choose one) *(Please do not choose **Option A2** unless you have previously attended an FEC conference; This session will be repeated later in the conference.)*

- Option A1: Getting Started: Basics for Beginners**
- Option A2: Legal Issues—Recent Developments in Federal Campaign Finance Law**

Team Workshops for September 15-16: (Choose the organization you represent)

- Option B1: House/Senate Campaigns**
- Option B2: Political Party Committees**
- Option B3: Corporate/Labor/Trade PACs**

Wednesday, September 16 AM Breakout: (Choose one)

- Option C1: The Three R's—Recordkeeping, Reporting and Responding**
- Option C2: Corporate/Labor Communications**

Wednesday, September 16 PM Breakout: (Choose one)

- Option D1: Using Corporate/Labor/Trade Resources to Help Federal Candidates and Parties**
- Option D2: Legal Issues—Recent Developments in Federal Campaign Finance Law (repeat)**

Payment:

Mail registration form and fee (\$550 per attendee) to Sylvester Management Corporation, P.O. Box 986, Irmo, SC 29063. A late charge of \$50 will added for registrations received after 5 p.m. EDT, August 14, 2009. A full refund will be made for all cancellations received before that date and time. If paying by check, please make check payable to Sylvester Management Corporation; note *FEC 2009 Chicago Conference* on the memo line. Credit card payments will appear on your statement as paid to Sylvester Management Corporation. For credit card payments, please complete the information below:

I authorize payment to my credit card: Visa MasterCard Discover Card American Express

Card Number: _____ Expiration Date: _____

Name on Card: _____ 3 or 4-digit Security/VCode (on back of card) _____

Signature of Cardholder: _____

Billing Address: _____

City/State/Zip: _____ E-mail address of Cardholder: _____

To register by fax, please submit the completed registration form and credit card payment information to (803) 732-0135.

To register online, visit <http://www.fec.gov/info/conferences/2009/chicago09.shtml>

Print Form