



# REGISTRATION FORM

Texas Department of Insurance  
9<sup>th</sup> Annual Fraud Conference  
January 24, 25 & 26, 2007

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Organization Name \_\_\_\_\_

Organization Type:  Law Enforcement  SIU  Certified Fraud Examiner  
 State/Federal Agency  Other

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

TDI may release my e-mail address in response to a public information request:  Yes  No

Continuing Education Credit:  Adjuster  TCLEOSE  Both  CLE  None

CONFERENCE REGISTRATION FEE:  
\_\_\_\_\_ \$25.00 (CRE: 2150)

PAYMENT TYPE:

\_\_\_\_\_ Check (Make payable to the Texas Department of Insurance)  
\_\_\_\_\_ Money Order

You may also pay in person at: Texas Department of Insurance  
333 Guadalupe, Tower I, 8<sup>th</sup> Floor, Rm. 800A  
Austin, TX. 78701

**Registration Deadline is: January 5, 2007**  
(Registration fees will not be accepted at the conference)

**MAIL FORM AND PAYMENT TO:**  
Texas Department of Insurance  
Accounting – CRE: 2150  
P.O. Box 149104  
Mail Code 9999  
Austin, Texas 78714-9104

FOR OFFICE USE ONLY: Date Received \_\_\_\_\_ CR# \_\_\_\_\_