



**DELAWARE**  
ASSOCIATION OF INSURANCE  
AGENTS & BROKERS

*Driving members to distinction.*

# ANNUAL CONVENTION ♦ JUNE 8-10, 2010

## DELAWARE ASSOCIATION OF INSURANCE AGENTS & BROKERS

### REGISTRATION FORM

**Check all events you will attend:**

**TUESDAY, JUNE 8**

- Sponsor Company Welcome Reception Complimentary  
(Sponsor Company employees only)

**WEDNESDAY, JUNE 9**

**All-Day Activities** (Please choose one.)

- Charter Fishing Boat Trip \$50 = \$ \_\_\_\_\_
- Nassau Valley Vineyards & Dogfish Head Brewery Trip \$25 = \$ \_\_\_\_\_
- Golf Tournament--Kings Creek \$115 = \$ \_\_\_\_\_

*Foursome: (optional)\*Separate registration form needed for each participant.*

- Welcome Reception (Company exhibits, too) \$40 = \$ \_\_\_\_\_

**THURSDAY, JUNE 10**

- Executive Leadership Seminar Complimentary  
(Agency Principals/Management Only) A.M. Session/No CE

**CSR Appreciation Day**

- CSR Luncheon Only \$30 = \$ \_\_\_\_\_  
(For company exhibitors only)
- CSR Appreciation Day Events \$50 = \$ \_\_\_\_\_  
(includes lunch and CE sessions)

**Please check the morning and afternoon CE session you will be attending:**

*(Leave A.M. choice blank if you are attending the Executive Leadership Seminar)*

**A.M.:**  Condo Course **or**  Business Auto Course

**P.M.:**  Flood Course **or**  Work Comp Course

- Evening Grand Ballroom Banquet \$65 = \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

Questions regarding registration for the Delaware Association of Insurance Agents & Brokers Convention 2010? **Call us at (800) 998-9644, option 0.**

Name: \_\_\_\_\_

Designation(s) \_\_\_\_\_ Badge Name: \_\_\_\_\_

Agency/Company: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

E-mail (Required) \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please list any food allergies: \_\_\_\_\_

**Hotel Information:** To reserve sleeping room(s), contact **The Atlantic Sands Hotel & Conference Center** at (800) 422-0600 or visit atlanticsandshotel.com.

Group rate reservation deadline: **May 9, 2010.**

Room Rate per Night: \$118 Single/Double; \$133 Triple; \$148 Quadruple\*

*\*Rates subject to change after deadline.*

**Method of Payment:**

- Check enclosed payable to **DAIAB**. *Returned checks may be assessed a \$20 fee.*
- Charge to my  Personal or  Corporate credit card.  
 Visa  MasterCard  Am. Exp.

Credit Card # \_\_\_\_\_ / Exp. Date \_\_\_\_\_

Name of Cardholder (PRINT) \_\_\_\_\_

X \_\_\_\_\_  
Signature of Cardholder

<b>Mail to: DAIAB</b> PO Box 2023 Mechanicsburg PA 17055-0763 <b>Fax to:</b> (717) 795-8347	IA&B Office Use:	Date Rcvd _____
	Date Ent _____	Amt. \$ _____
	Code _____	Check # _____ PA