

THIS SHOULD BE RETURNED NO LATER THAN **NOVEMBER 1, 2010**

AGENCY REGISTRATION FORM

Return form and check for fees to SEKFCFA, INC.

2259 NORTH MAIN STREET, P.O. BOX 1122, DANVILLE, VA 24543-1122

COMPANY _____

COMPANY CONTACT PERSON _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ FAX NUMBER _____ E-MAIL ADDRESS _____

The following Company representatives will attend the next SEKFCFA convention.

NAME _____ NAME _____ NAME _____

NAME _____ NAME _____ NAME _____

PRODUCT/SERVICE YOUR COMPANY PROVIDES FOR KFC _____

FEES AND PAYMENT INFO:

<input type="radio"/> AGENCY REGISTRATION FEE – \$150.00 per person X _____ person(s)	\$ _____
<input type="radio"/> MEMBERSHIP DUES (2009-2010 Year – Required per Company)	\$ <u>300.00</u>
<input type="radio"/> SPONSORSHIP CONTRIBUTIONS	\$ _____
(All Sponsors will be listed on poster at Registration Desk – Thank you for your support!!)	
<input type="radio"/> TOTAL ***	\$ _____
We accept MasterCard, VISA, American Express or Discover or you can enclose a check.	
_____ Check Enclosed	
_____ Please charge my credit card – Account # _____ Expiration Date _____	
(Please check one) <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> American Express <input type="checkbox"/> Discover	

***** PAYMENT MUST BE ENCLOSED OR FORWARDED BY THE DEADLINE.**

FOR ADDITIONAL INFORMATION CALL SEKFCFA SEC-TREAS, Bonny Shelton (434) 836-1237

(FOR OFFICE USE ONLY - CUSTOMER # _____)