



# Discover Savannah's NAIW Treasures

Registration Form  
**37<sup>TH</sup> Georgia Council of NAIW Annual Meeting**  
**September 23-24, 2005**

Name: \_\_\_\_\_ Designations: \_\_\_\_\_  
 Name you would like shown on badge: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Association: \_\_\_\_\_  
 Employer's Name: \_\_\_\_\_  
 Employer's Address: \_\_\_\_\_  
 Telephone: Work: \_\_\_\_\_ Home: \_\_\_\_\_  
 e-mail Address: \_\_\_\_\_

**DESIGNATIONS:** (Please check all that apply at the time of the meeting)

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> NAIW Member    | <input type="checkbox"/> Local President      | <input type="checkbox"/> First Timer                    | <input type="checkbox"/> Delegate        |
| <input type="checkbox"/> Guest          | <input type="checkbox"/> State Director       | <input type="checkbox"/> Gold Timer*                    | <input type="checkbox"/> Alternate       |
| <input type="checkbox"/> CWC Contestant | <input type="checkbox"/> State Director-Elect | <input type="checkbox"/> Exhibitor                      | <input type="checkbox"/> Member-at-Large |
| <input type="checkbox"/> CPIW/CPIM      | <input type="checkbox"/> Regional VP          | <input type="checkbox"/> Past Nat'l Officer: Year _____ |  |
| <input type="checkbox"/> DAE            | <input type="checkbox"/> Asst. to RVP         | <input type="checkbox"/> Past Reg. Officer: Year _____  |  |
| *Gold Timer-attended 20+ state meetings |   | <input type="checkbox"/> Past State Officer: Year _____ |  |

**FEES:**

**REGISTRATION**

Members: \$100.00    Guests: \$115.00    \$ \_\_\_\_\_  
 Late registration fee (after 9/2/05) additional \$25.00    \$ \_\_\_\_\_  
**Registration fees will not be refunded after 9/2/05.**  
 Registration Deadline is 9/9/05.

**ADDITIONAL MEAL TICKETS**

Additional meal tickets must be purchased for non-registered guests. Please indicate the function and quantity below and include payment with your registration.

Friday Night Welcome Party – Karaoke	_____ @ \$20.00	\$ _____
Saturday CPIW/CPIM Breakfast	_____ @ \$15.00	\$ _____
Saturday President's Luncheon	_____ @ \$20.00	\$ _____
Saturday Evening Banquet – Casual	_____ @ \$40.00	\$ _____

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

Please list any special dietary needs: \_\_\_\_\_

Make Checks Payable To:	Insurance Professionals of Savannah, 2005 State Mtg. c/o Sherrill & Co. Nanci Futrell P. O. Box 15445 Savannah, GA 31416
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**Hotel Reservations should be made directly with the Hilton Savannah Desoto – 912-232-9000  
 Room Rates are \$129.00. Reservations must be made on or before Tuesday, August 23, 2005.**

**THE INSURANCE PROFESSIONALS OF SAVANNAH  
AND  
GLYNN COUNTY ASSOCIATION OF INSURANCE  
WOMEN**

ARE SPONSORING

**PIAM – COMMERCIAL AUTO**

7 HOURS CE CREDIT

THURSDAY, SEPTEMBER 22, 2005 – 1PM TO 5PM

FRIDAY, SEPTEMBER 23, 2005 – 1PM TO 4PM

TAUGHT BY DIANA FINK

**MAKING A DIFFERENCE-ETHICS & THE INSURANCE PROFESSIONAL**

3 HOURS CE CREDIT

FRIDAY, SEPTEMBER 23, 2005 – 9AM TO 12PM

TAUGHT BY ELISE FARNHAM

**PLACE**

SAVANNAH DESOTO HILTON

COST IS FREE FOR NAIW MEMBERS, \$10 PER HR. FOR NON-MEMBERS. FAX TO:  
ROSE BROWNING  
912-265-5440

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**REGISTRATION FORM**

CE CLASSES

2005 GEORGIA STATE MEETING

SAVANNAH DESOTO HILTON

NAME: \_\_\_\_\_

BUSINESS NAME & ADDRESS: \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

AMOUNT ENCLOSED \$ \_\_\_\_\_ PAYABLE TO THE INSURANCE  
PROFESSIONALS OF SAVANNAH (IPOS).

*THIS FORM MAY BE DUPLICATED FOR MORE THAN ONE PERSON.*