

Lunch & Conversation with Margaret Wuerstle

Wednesday, January 16, 2013 Noon @ Veranda Restaurant, 2122 Second Street, Fort Myers

Four Easy ways to register

Online: www.swflorida.org (Credit card payment only.)

Phone: 800-321-5011 (Credit card or check.) **Fax:** 800-248-4585 or 410-626-7148
(Credit card or check)

Mail:

via regular mail:
ULI SW Florida
PO Box 418363
Boston, MA 02241-8363

via express mail (i.e. FedEx/UPS/DHL):
ULI SW Florida
1025 Thomas Jefferson St. NW, Ste. 500 West
Washington DC 20007

| | | | |
|--------------------|--|-------------------------------|----------------|
| ULI Member # _____ | | Informal Name for Badge _____ | |
| Name _____ | | | |
| Title _____ | | | |
| Company _____ | | | |
| Address _____ | | | |
| City _____ | | State _____ | Zip Code _____ |
| Telephone _____ | | Fax _____ | |

Refund Requests must be made in writing no later than Jan. 14; refund requests will not be accepted after this date. Fax requests to: 800-248-4585 or 410-626-7148.

Email*

* Confirmations are sent via email by next business day.

**Pre-Registration Deadline:
Monday, January 14**

| Registration Fees | Member | Non-Member |
|--|--------|------------|
| <input type="checkbox"/> Private | \$25 | \$30 |
| <input type="checkbox"/> Public Sector/Nonprofit | \$25 | \$30 |
| <input type="checkbox"/> Young Leader (under 35) | \$25 | \$30 |
| <input type="checkbox"/> Student (full-time) | \$25 | \$30 |
| <input type="checkbox"/> Media | \$00 | \$00 |

Sponsors – please email your registrants to swflorida@uli.org

Please note:

For multiple registrations, please duplicate this form.

Send me ULI membership Info

Please indicate your payment option below.

- Check: payable to ULI SW Florida
- Credit Card

+If payment has not been received prior to the registration deadline, a credit card guarantee will be required onsite. No credit card charges will be processed if payment is received within 1 week of the event.

- American Express
- Diners Club
- Discover
- MasterCard
- VISA

Card Holder Name _____

Card Number _____ Exp. Date _____

Cardholder Signature _____

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