

# Registration Form 2012 PenServ IRA Academy

## REGISTRATION OPTIONS

### *Mail Completed Application*

PenServ Plan Services, Inc.  
420 Dresher Road Suite 100  
Horsham, PA 19044

### *Fax Completed Forms*

215-444-9813

### *Email Completed Forms to:*

[seminar@penserv.com](mailto:seminar@penserv.com)

### *Download Brochure or Registration Form*

[www.penserv.com](http://www.penserv.com)

Questions? Call us at 215-444-9812

**Register Now!**

**Seating is Limited**

**Seminar Dates**

**April 30, 2012 – May 3, 2012**

**Registration Fee**  
**\$1,095 per person**

## LOCATION

*Hyatt Regency – San Antonio  
123 Losoya  
San Antonio, TX 78205  
(210) 222-1234*

*\$159 single and double*

*All room reservations must be made directly through the Hyatt Regency, San Antonio. Mention PenServ Academy for special rates.*

Please list additional attendees on a separate sheet. You will receive a confirmation letter within 72 hours of receipt of your registration. For questions or if your confirmation was not received, please call us at 215-444-9812. Persons with disabilities who plan to attend and who may require auxiliary aids or services are asked to contact PenServ in advance to that accommodations can be made.

### *Please Print or Type*

Name		Email Address			
Company Name					
Mailing Address			City	State	Zip
Phone	Ext	Fax			

### *Additional Attendees:*

Name	Email Address	Phone

### *Payment Information:*

<input type="checkbox"/> <b>Check Enclosed payable to PenServ Plan Services, Inc.</b> <i>Mail to: PenServ Plan Services, 420 Dresher Road, Suite 200, Horsham, PA 19044</i>	<b>Sub Total</b> \$ _____ <b>Less 10% Early Discount</b> - _____ <b>Less 5% Group Discount</b> - _____ <b>Plus Late Filing Fee</b> + _____ <b>TOTAL AMOUNT DUE</b> \$ _____
<input type="checkbox"/> <b>Invoice My Company</b> Name _____ Address, City, St, Zip _____ Phone _____ Fax _____	Expiration Date: _____ Security Code: _____
<input type="checkbox"/> <b>Bill My Credit Card</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express Billing Address: _____ Authorized Signature on Card _____	