

FASANO ASSOCIATES
LIFE SETTLEMENT CONFERENCE REGISTRATION
COMPLIMENTARY REGISTRATION

_____ **YES I will be attending the October 24, 2011 Conference**

FULL NAME _____

Name for Badge _____

Company Name _____

Type of Organization (Funder/Investor, Provider, Broker, Other):

Mailing Address _____

E-Mail Address _____

Phone/Fax Numbers _____

Will you be attending the dinner on Monday night? _____

Please send registration forms to:

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1201 15th Street – Suite 250
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(202) 457-8188
(202) 457-8198 (fax)
nflint@fasanoassociates.com