



HCI PEER GROUP CONFERENCE REGISTRATION

Monday, March 11 - Friday, March 15, 2019

Embassy Suites Hotel La Vista, NE



List name as it is to appear both on your name tag and in the Resource Directory. *Please complete all sections of this form.*

Attendee Name: _____ Title: _____ First Time Attendee

Special needs: (please be very specific re: diet, accommodations, etc.) _____

Bank Name: _____ Club Name: _____

Bank Mailing Address: _____

City, State, Zip: _____

Email: _____ Business Phone: _____

Cell Phone: _____ Web site: _____

Accommodations: Single Double If Double, Roommate is a Guest (not registered) Colleague (registered to attend).

Conference Roommate name: _____

Travel Info: Driving Flying If flying, please provide your itinerary as soon as confirmed.

Arrival Date: _____ Departure Date: _____ Appointments: _____

Who will be taking your appointments? Choose one:

- I will take all appointments on behalf of our club/bank. Any other representatives will have separate appointments.
- All representatives of my bank will attend appointments together. Please list other representatives. _____

Pre-Conference FAM Tour: Friday, March 8 - Sunday, March 10, 2019

Departure time from OMA airport 2 PM
Departure time from Embassy Suites 3PM

Yes, I plan to attend the FAM FAM Roommate: _____ No, I will not be part of the FAM

Monday Sightseeing Tour: Monday, March 11, 2019 9 AM - 1 PM ~ No Charge, but you must register for it.

Yes, I plan to attend the Monday morning Sightseeing Tour. Please sign me up. No, I will not be part of this tour.

PAYMENT: Registration includes 4 nights lodging. FAM Tour includes 3 nights.

Register by the November 16, 2018 early bird deadline to be eligible for the \$200 discount.

Early bird discount requirements: 1) Register by 11/16/18 and pay by 11/30/18; 2) Stay all 4 nights, and 3) Keep all scheduled appts.

Occupancy: Single \$785 / Double 685 \$ _____

FAM Tour: **Single \$225 / Double \$175 \$ _____

Extra hotel nights**** _____ nights x \$112.22 = \$ _____

Total Amount Due \$ _____

Check all that apply:

- My payment is enclosed with my registration. Thank you!
- I am eligible for the \$200 pp rebate! I registered on _____ (by the 11/15/18 deadline) and understand that I need to submit payment by 11/30/18, stay all 4 nights, and keep all my scheduled appointments, in order to receive my rebate.
- My payment will be submitted to HCI by 11/30/18 to be eligible for the \$200 pp rebate.

Checks payable to Heritage Clubs International, LLC. Make a copy of this form and send the original with payment to: Heritage Clubs International, LLC, P.O. Box 1866, Maple Grove, MN 55311

Refund Policy:

Cancellations prior to November 30, 2018 will receive a full refund. Cancellations from December 1, 2018 to January 31, 2019 will incur a \$250 cancellation administrative fee. Cancellations after January 31, 2019 will receive no refund. Once registered, substitutions can be made until February 15, 2019.