



CONSULTANT REGISTRATION FORM OCTOBER 2-4, 2019 | MARGARITAVILLE | HOLLYWOOD, FL

Name: _____ Today's Date: _____

Spouse's Name (If Registering): _____

Telephone: (____) _____

Email: _____

Cell Phone Number: _____

RETREAT EXPENSES

1. Registration Fee: ~~\$495~~ **FREE** Spouse: **\$250** Spouse Ticket Includes Welcome Reception and Dinner Cruise
2. Hotel: **\$199 per night plus tax and fees**
3. Flight: **Varies**

IFPG Consultants will receive a **flight reimbursement of up to \$250 ONLY** if the following criteria are met:

Flight is booked and flight confirmation is emailed to retreat@ifpg.org by August 15th, 2019

IFPG Consultant attends ALL mandatory events. Including morning Speed Networking on 10/4/19.

I agree and understand that these 2 criteria **MUST** be met to receive flight reimbursement.
I further understand I will be mailed this reimbursement check following the event.

Signature: _____

Hotel Reservations will be made by IFPG within ONE WEEK of submission of this form using the credit card provided below.

Check here if you are local and do not wish to book a hotel room

I agree to allow Margaritaville Hollywood Beach Resort to charge my card below for the following:

A two (2) night stay
October 2nd and 3rd 2019.

I would like to stay longer at the group rate of
\$199 per night (plus taxes and fees)
Check in _____ Check out _____

VISA MasterCard American Express

CC # _____ Expiration Date _____ CVV _____

Cardholder's Name _____

Cardholder's Billing Address _____

Signature _____

Please email or fax completed registration form to:

Email: retreat@ifpg.org. FAX: 1.888.897.3946

I agree to allow IFPG to charge the above card \$250 for registration of my spouse (if applicable)