

ADVISORS IN ACTION

Registration Form

Professional Advisor Information

Name: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ E-Mail: _____

Profession:

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Financial Advisor | <input type="checkbox"/> Real Estate Broker |
| <input type="checkbox"/> CFP | <input type="checkbox"/> Insurance Broker | |
| <input type="checkbox"/> CPA | <input type="checkbox"/> Planned Giving Consultant | |
| <input type="checkbox"/> Other: _____ | | |

Sponsored Organization Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Representative: _____

Title: _____

Daytime Phone: _____ E-Mail: _____

* * * * *

Check Enclosed (\$100 made out to **Partnership for Philanthropic Planning**)

Please bill my credit card: MasterCard VISA American Express

Card Number: _____ Exp. Date: _____

Signature: _____

Please mail or fax to:

Partnership for Philanthropic Planning Orange County (866) 921-6440 (office)
1442 E. Lincoln Avenue, PMB 441 (866) 921-6443 (fax)
Orange, CA 92865-1934 gjmgt@yahoo.com