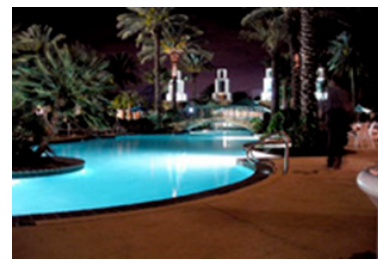




Attendee Registration Form
4th Annual SOAR & ROAR Conference
May 6th – 8th, 2015
Moody Gardens Hotel Spa & Convention
Center
Galveston Island, TX



Conference Attendee's Name(s): _____

(First name for badge) _____

Organization: _____

Mobile: (_____) _____ (to reach you during event) Telephone: ICE (_____) _____

Email: _____

CONFERENCE and HOTEL REGISTRATION and ACCOMMODATIONS



**MOODY
GARDENS
HOTEL**

SPA & CONVENTION CENTER

SEVEN HOPE BOULEVARD
GALVESTON, GALVESTON ISLAND, TEXAS 77554
(855) 269-4463

1. PLEASE CHECK APPROPRIATE REGISTRATION

- ☐ Yes, I will need hotel accommodations
☐ No, I will not need hotel accommodations
☐ Wednesday, May 6th, 2015
☐ Thursday, May 7th, 2015

2. INDICATE INTEREST for LAFAYETTE LIFE'S CE COURSE PARTICIPATION

- ☐ I will be attending the Lafayette Life Insurance Company's 4 hr. CE Course on Wednesday @ 1PM

3. INDICATE AIRLINE, TIME of ARRIVAL and TIME of DEPARTURE



_____ Airline



_____ Time of Arrival



_____ Time of Departure

Please list any Special Needs: _____

PAYMENT METHOD Check or Money Order must be payable to: **Gryphon Financial.** Registration confirmation/receipt and further information will be mailed.

Please check appropriate box: ☐ Check Enclosed ☐ Ensure during Attendance

Please email or fax completed registration form to Linda Tinderholt:

Email: LTinderholt@Gryphonfinancialsolutions.com

FAX: (888) 673-2514

Phone: (888) 673-2504 ext. 101