



**ANNUAL MEETING**  
**September 18 - 20, 2019**  
**Intercontinental Hotel Buckhead**

**REGISTRATION FORM:**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Note: If you are attending as an invited guest or speaker, please complete the Vendor/Speaker registration form.

**MEETING REGISTRATION:**

| Name<br>\$450 per attendee | E-mail | Thursday Dinner<br>(Please Check) |       |
|----------------------------|--------|-----------------------------------|-------|
|                            |        | Yes                               | No    |
| _____                      | _____  | _____                             | _____ |
| _____                      | _____  | _____                             | _____ |
| _____                      | _____  | _____                             | _____ |
| _____                      | _____  | _____                             | _____ |

**SPONSORSHIP FORM:**

CIA President, Jim Hiers, invites you to please help sponsor the 2019 Annual Meeting. Sponsors will receive recognition including sponsors' names prominently displayed on the sponsor board and agenda, and introductions throughout the meeting. You are also eligible for an advertisement in our meeting binder based on the level of sponsorship. Please consider sponsorship!

**SPONSORSHIP AMOUNTS:**

| Amount                           | Level    | Binder Advertisement |                        |
|----------------------------------|----------|----------------------|------------------------|
| <input type="checkbox"/> \$ 500  | Silver   | Quarter Page         | Company Name: _____    |
| <input type="checkbox"/> \$1,000 | Gold     | Half Page            | Address: _____         |
| <input type="checkbox"/> \$1,500 | Platinum | Full Page            | City, State, ZIP _____ |
|                                  |          |                      | Phone Number: _____    |

**PAYMENT INFORMATION:**

**Make checks payable to Credit Insurers Association, Inc.**

**Send payment and completed form to:**

American National Insurance Company  
 Attn: Jamilyn Burkhardt  
 P.O. Box 9007  
 League City, TX 77574-9007  
 Phone: 800-899-6502, Ext. 2414

FAX: 281-334-8519

Registration \$450 x # of attendees \_\_\_\_ = \$ \_\_\_\_\_  
 Sponsorship Amount: \$ \_\_\_\_\_  
 Total Check: \$ \_\_\_\_\_

**\*\*No refunds issued for cancellations\*\***