



EMERALD MAIL DIRECT

EMD CONFERENCE INVITE Personalization Form

Today's Date _____

Advisor Name: _____

Advisor Title/Designation: _____

Design Selection: choose one Blueprint Design Desk Design Water Design

Quote Selection: choose one Goal Decision Allocation

Agenda Topic: circle one CFMW EC FM HRCP LTC Main Millionaire NR NR-5 Things NR-Myths PTR RET RIS RPD RUL RUL-Briefing SBBM

Bio Selection: choose one General Financial Professional Community Resource Retirement Expert

Client Photo Color Black & White Location Logo Yes No

Company Logo Yes No Disclaimer required? Yes No if yes, please attach disclaimer

NOTE -1. If at all possible, attain the logo for the location where the event will be held. -2. When using logos or photos they must be received with your order, via email, at 300 ppi as jpeg, tiff, eps OR in a clean, scanable format.

CONFERENCE DATE # 1 Day / Date: Location: Address: City: State: Zip Start Time: Breakfast Lunch Dinner Other *Latest Reservation Date *Latest Reservation Time AM PM (based on local time) *Meeting Capacity *Overage Capacity 1 2 3 4

CONFERENCE DATE # 2 Day / Date: Location: Address: City: State: Zip Start Time: Breakfast Lunch Dinner Other *Latest Reservation Date *Latest Reservation Time AM PM (based on local time) *Meeting Capacity *Overage Capacity 1 2 3 4

CONFERENCE DATE # 3 Day / Date: Location: Address: City: State: Zip Start Time: Breakfast Lunch Dinner Other *Latest Reservation Date *Latest Reservation Time AM PM (based on local time) *Meeting Capacity *Overage Capacity 1 2 3 4

RSVP # _____ Email Address _____

FAX COMPLETED FORM TO (858) 674-2465 • ATTENTION: EMERALD MAIL DIRECT

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