

Central Illinois Association of Health Underwriters
Expo 2009 – Wellness 4 Life – March 3, 2009
Registration Form

Please print/type all information:

Your Name: _____

Your Company: _____

Street Address: _____

City/State/Zip: _____

Email Address: _____

Phone: _____ Fax: _____

Expo Ticket Prices and Registration

Members \$25 each _____

Names: _____

Non-Members \$50 each _____

Names: _____

Grand Total _____

Pay by (Please check): Check VISA MASTERCARD

Card Number: _____ Exp Date: _____

Signature of Card Holder: _____

Address of Card Holder: _____

Include City/State/Zip _____

Please make checks payable to: Central Illinois Association of Health Underwriters

Mail to: CIAHU, P.O. Box 10451, Peoria, IL 61612

Fax to: David “Skip” Meister - (309) 689-1647

Questions? ... Please call or email:

- Dawn Edwards - (309) 338-4437 – dawnedwards3@yahoo.com
- Greg Smith - (309) 696-7986 – gssmith@gmsil.com
- David “Skip” Meister - (309) 689-1695 – david@managedbenefits.biz
- Brenda Franklin - (309) 677-8367 – Brenda.franklin@osfhealthcare.org