ASA CFO Networking Council Meeting

Friday, March 2, 2012 – 9:00am - 3:30pm

Chicago Marriott Downtown - 540 N. Michigan Ave. - Chicago, IL

Join in an opportunity to network with your fellow CFO's in roundtable discussions and brainstorming sessions to help you stay current and get ahead of the trends.

ASA's **CFO Networking Council** is designed to put member company employees in touch with others from around the industry who hold the same job function and who experience similar challenges and successes. This professional peer network is an invaluable member resource. Join the CFO Networking Council on **Friday, March 2 from 9:00am - 3:30pm** to lend your experience to your industry peers, while drawing support and information in exchange.

Topics and issues to be discussed include: the annual budgeting process, financial metrics, (both tracking and presentation) and cases of fraud and embezzlement. If time permits, open discussion will also be available.

For hotel reservations, please call (877) 303-0104 and reference: **American Supply Association**

Please submit form and payment to ASA by Friday, February 17

Sleeping rooms are available at the Chicago Marriott Downtown for $169 plus tax (based on availability for March 1). Please phone (877) 303-0104 and reference **American Supply Association** to receive the discounted rate. The cut-off for the discounted hotel rate is **February 13, 2012**.

Please contact Margaret L. Bean with ASA at 630.467.0000 x 211 or at mbean@asa.net with any questions.

REGISTRATION INFORMATION

Hotel Cut-off is February 13, 2012

Please fax to (630) 467-0001 or email mbean@asa.net

Name _____

Address _____

Company _____

City/State/Zip _____

Phone/E-mail _____

PAYMENT

	QUANTITY	FEES		TOTAL
CFO NETWORKING COUNCIL	_____	X $200	=	_____

❑ CHECK enclosed for $_____ (*payable to ASA - drawn on US Bank*) **TOTAL FEES =** _____

❑ CREDIT CARD for the amount of $_____ ❑ VISA ❑ MC ❑ AMEX

Card Number _____ Expiration Date _____

Name on Card _____ Card Security Code _____

Cardholder's Signature _____

Cardholder's Billing Address/City/State/Zip _____

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