

NAIFA-FLORIDA 2010 CAREER ADVANCEMENT CONFERENCE,
ANNUAL MEETING AND EXPO

NAIFA-FLORIDA PAC GOLF TOURNAMENT



Location: Belleview Biltmore Golf Club

1501 Indian Rocks Road, Belleair, FL 33756

DATE: Sunday, July 18, 2010

TIME: High Noon (Lunch); Tee Time: 1:00pm

REGISTRATION FEE: \$75, includes lunch

HOLE SPONSORSHIP: \$125, includes lunch

With a prestigious history steeped in tradition, the Belleview Biltmore Golf Club is committed to your total golf experience. It features a picturesque, championship course, skilled PGA golf professionals and personal club service. Designed by world famous golf architect Donald Ross, the Belleview Biltmore Golf Club has been an American favorite since 1925. With all this and more the 71- par championship course offers a challenging and scenic golf experience whether you are a serious golfer or weekend player.

But, as always, the NAIFA-Florida golf tournament is about so much more than just golf. The networking, socializing, and just plain fun in the outdoors is what this event is really all about. The \$75 fee covers golf and a delicious buffet lunch. Also, there will be trophies for the top teams, plus many prizes and goodies for all who come out. NAIFA-Florida members, their colleagues, and NAIFA-Florida conference attendees are welcome – Don't miss out!



SUPPORT NAIFA-FLORIDA PAC AND GET YOUR ENTRY FORM IN TODAY.

Send the following information, along with your payment to the address below.

NAME: _____

PHONE NUMBER: _____ HANDICAP: _____ (MAX 24)

PAYMENT METHOD

Please make checks
payable to NAIFA-Florida

Mail or fax to:
National Association of
Insurance and Financial
Advisors-Florida
1836 Hermitage Blvd.,
Suite 200
Tallahassee, FL 32308-7706

Fax: (850) 422-2762
Phone: (850) 422-1701

Check Enclosed (Make payable to NAIFA-Florida)
If paying by check, mail or fax to us: See information at left.

Credit card **Visa** **Master Card**
If paying by credit card, you can also fax your registration to NAIFA-Florida
at (850) 422-2762

Card # _____ Exp. Date _____

Name as it appears on card _____ CVV number on card _____

Billing address of credit card _____

Signature _____ Date _____

TOTAL AMOUNT TO BE CHARGED \$ _____