



# The Gathering 2009



## Registration Form

### Let's Gather to Share Insights, Education and Collegiality

On **Thursday and Friday, February 26<sup>th</sup> - 27<sup>th</sup>, 2009** the Southern California Institute and Advanced Wealth Studies Institute, LLC will host The Gathering in San Diego. This annual symposium combines a practical understanding of current events in estate, business, tax and wealth strategies planning to keep you and your Independent Collaborative Advisors on the "Razor's Edge."

Laureates and colleagues provide a review of current events and techniques including the best of the information gathered at the 43rd Annual Heckerling Institute on Estate Planning just a few weeks earlier – with a focus on how to integrate the "quiet confidence" approach for our practices and clients. As old and new friends and colleagues share topics including what is important to our clients, come and join us not only for the education but for that energizing rejuvenation that comes when we share with each other.

Full Name \_\_\_\_\_ Badge Name \_\_\_\_\_

Firm Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

### SCI Participation Fee: \$520 per person

\_\_\_\_\_ I have enclosed my \$520.00 check **or** have authorized the Southern California Institute to charge my credit card for the Participation Fee of \$520.00

\_\_\_\_\_ I am a member of the Laureate in Wealth Strategies, Laureate in Advanced Wealth Strategies, or the Laureate Circle (Participation Fee waived as Laureate Program Member)

\_\_\_\_\_ I am planning on attending the Circle of Friends evening event on February 26<sup>th</sup>. I will also be bringing a guest, his/her name is \_\_\_\_\_

### Registration and Billing Information

(Please print name and address as it appears on credit card)

Cardholder's Full Name \_\_\_\_\_

Address & Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_ 3 or 4 Digit Validation Code \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please sign your completed form by January 31, 2009 and mail or fax with your payment to:**

**Southern California Institute, 3636 Nobel Drive, Suite 450, San Diego, CA 92122**

Phone: 858 200-1911 Fax: 858 200-1922 Email: [jrh@scinstitute.org](mailto:jrh@scinstitute.org)

**PLEASE NOTE THAT THE ROOM BLOCK CLOSSES JANUARY 31st!!**