

## RSVP with your payment by September 4, 2008

NAME(s): \_\_\_\_\_

FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

I will attend:

The Sept. 11 UN Luncheon @ \$155/FIABCI member or FIABCI member's guest;  
\$215/non-member\*\*\*

*\*\*\*Members and guests of FIABCI Principal Member Associations (AFIRE, Appraisal Institute, BOMA, CCIM, CREW, HBI, IREM, NAIOP, NAR, RLI, SIOR) are invited to deduct \$20 from the non-member luncheon price as a benefit of your association's FIABCI membership.*

*I'm a member of: \_\_\_\_\_*

The Sept. 11 UN Tour (complimentary to luncheon registrants)

The Sept. 11 Self-Guided Property Tour from 4-5:30pm (complimentary)

The Sept. 11 NY Local Council Reception from 6-8pm @ \$35/person

Send me details on your Fall Business Conference in New York, Sept. 12-14

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### Payment:

\$ \_\_\_\_\_ enclosed paid by \_\_\_ check (to FIABCI-USA) or \_\_\_ VISA, AMEX or MC below.

Account number

Expiration Date

Signature: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

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### Special Needs: Select any or all of the items below.

Fish will be served, but I prefer a vegetarian meal.

I have the following dietary restrictions: \_\_\_\_\_

I have the following special needs in order to participate: \_\_\_\_\_

### Send your RSVP and payment by September 4 to:

FIABCI-USA, 2000 North 15<sup>th</sup> Street, Suite 101, Arlington, VA 22201;

Fax: (703) 991-6256; E-mail: info@fiabci-usa.com

**Advance registration is required for security. No on-site registration on Sept. 11.**