FPA
FINANCIAL PLANNING ASSOCIATION OF SOUTHERN WISCONSIN

The Heart of Financial Planning™

Risk Management: An Update to Insurance Issues That Affect Your Clients

with

Michael Smith, LUTCF, CPS Horizon Financial
David Graham, JD, AVIVA USA
Michael Maass, CPA, CVA, Smith & Gesteand, LLP
Deb Newman, Founder & CEO, Newman Long Term Care

DATE:
THURSDAY, JANUARY 26, 2012

TIME:
7:30 A.M.TO 12:20 P.M.
7:30 A.M. REGISTRATION,
7:50 A.M. SERVED BREAKFAST

LOCATION:
COUNTRY SPRINGS HOTEL & CONFERENCE CENTER
2810 GOLF ROAD
PEWAUKEE, WI 53072

COST:
$129 • MEMBERS
$169 • NON-MEMBERS
$60 • STUDENTS
PRICE INCLUDES SERVED BREAKFAST & MATERIALS

FOR MORE INFO:
CALL 414/358-9260
OR GO TO WWW.FPASW.ORG

Schedule:
Registration & Networking -- 7:30 a.m.
Served Breakfast -- 7:50 a.m.
Welcome, Announcements and 2012 Annual Report -- 8:00 a.m.
Current Trends of Insurance Products - 8:15 a.m.
Volunteer Recognition -- 9:05 a.m.
Break - 9:15 a.m.
Business Succession Key Strategies - A Case Study -- 9:25 a.m.
Annual Report -- 11:05 a.m.
Break -- 11:15 a.m.
The Landscape of Innovative Long Term Care Solutions-- 11:30 a.m.
Adjourn -- 12:20 p.m.

We have applied for 4 CFP and 4 WI Insurance CE credits and 4 CLE credits for the above program. We expect these programs to meet the CPA and PACE requirements for 4 hours of continuing education. You must provide your CFP and WI Insurance license numbers when you register; we cannot file electronically without these. In order to comply with CFP Board of Standards and Wisconsin Insurance Provider Regulations, no credits will be issued for anyone arriving late or leaving early.

Because we incur costs related to your reservation, if you cannot attend you must cancel 24 hours before the meeting or you will be billed.

MEETING REGISTRATION

NAME _____

COMPANY _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

EMAIL _____

WI INSURANCE LICENSE # _____
CFP LICENSE # _____
SOCIAL SECURITY # _____
FEE: __ $129 FPA MEMBER __ $169 NON-MEMBER/GUEST
__ $60 CFP STUDENT __ SEASON PASS HOLDER
PAYMENT: __ CHECK ENCLOSED
__ WILL PAY BY CHECK UPON ARRIVAL
__ CHARGE MY CREDIT CARD: __ VISA __ MASTERCARD
NAME ON CARD _____
CARD # _____
EXP. _____

Please fax completed form to FPA of Southern Wisconsin • 414-358-9261 by January 20, 2012 or mail to 6949 N. 100th St., Milwaukee WI 53224 with payment, or register online at www.fpasw.org.