



FINANCIAL PLANNING ASSOCIATION OF SOUTHERN WISCONSIN

The Heart of Financial Planning™

DATE:

THURSDAY,
MARCH 15, 2012

TIME:

7:30 A.M. TO 12:05 P.M.
7:30 A.M. REGISTRATION,
7:50 A.M. SERVED BREAKFAST

LOCATION:

WELLS FARGO
100 HERITAGE RESERVE
MENOMONEE FALLS, WI
53051

COST:

\$129 • MEMBERS
\$169 • NON-MEMBERS
\$60 • STUDENTS
PRICE INCLUDES
BREAKFAST & MATERIALS

FOR MORE INFO:

CALL 414/358-9260

OR GO TO WWW.FPASW.ORG

Investments, Data Breaches, and Remembering Why You Got Into This Business In the First Place

with

Gary E. Schlossberg, Senior Economist, Wells Capital Management
Roger Seip, Co-Founder, Freedom Personal Development
Ragan E. Cheney, JD, Associated Financial Group

Schedule: Registration and Networking -- 7:30 a.m.
Breakfast Buffet -- 7:50 a.m.
Welcome and Announcements -- 8:00 a.m.
The Economic and Financial Market Outlook into 2012: Coping with a Post-'Meltdown' Economy, Gary Schlossberg -- 8:15 a.m.
Break - 9:55 a.m.
Client Relationship Skills, Roger Seip -- 10:10 a.m.
Break -- 11:00 a.m.
Workplace Technology Risks: Protecting Your Clients and Financial Data, Ragan Cheney, JD -- 11:15 a.m.
Adjourn -- 12:05 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
March 12, 2012 or mail to 6949 N. 100th St., Milwaukee WI 53224 with payment,
or register online at www.fpasw.org.