

2011 CFO  
**Summit**  
November 9, 2011

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**Registration**

**PLEASE RETURN BY OCTOBER 28, 2011**



FIRST NAME	LAST NAME	
NAME FOR BADGE		
TITLE		
COMPANY		
ADDRESS		
CITY	STATE	ZIP
E-MAIL		
WORK PHONE	CELL PHONE	
<i>IN CASE OF EMERGENCY, PLEASE CONTACT:</i>		
NAME		PHONE
<p>Please make checks payable to <b>Kruggel, Lawton &amp; Company LLC.</b></p> <p>Please return the form by mail, or fax to 574-289-4087, or e-mail to <a href="mailto:dstockberger@klcpas.com">dstockberger@klcpas.com</a></p> <p>Kruggel, Lawton &amp; Company LLC Attn: Debra K. Stockberger 210 S. Michigan Street, Suite 200 South Bend, IN 46601</p> <p>Number attending: _____ @ \$100                      Total payment enclosed: \$ _____</p> <p>This form may be duplicated – one form per person. If more than one person from the same company is attending, please complete each individual form, however, you may send in one check. Non-Refundable.</p>		

**Kruggel, Lawton & Company, LLC**

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