

REGISTRATION Copy as needed to register additional persons

2010 CROSS-TESTED/SAFE HARBOR 401(k) PLAN DESIGN • 403(b) PLAN DESIGN

THREE WAYS TO REGISTER:

1. **ONLINE:** www.sungard.com/reliuseducationresources – Fastest way to register!
2. **MAIL:** SunGard • ATTN: Order Processing-Accounting • P.O. Box 47470, Jacksonville, FL 32247
3. **FAX:** 904-399-0519 (24 hours a day)

Note: Online registration will not be accessible within three (3) business days of program date.

MULTIPLE-PROGRAM REGISTRATION**

BOTH PROGRAMS

\$775 early*
\$825 standard

SINGLE-PROGRAM REGISTRATION

CROSS-TESTED SAFE HARBOR 401(k) PLAN DESIGN ONLY

\$410 early*
\$435 standard

403(b) PLAN DESIGN ONLY

\$410 early*
\$435 standard

***Early Registration:** Payment and registration received **15 days or more** prior to the program date.

Standard Registration: Payment and registration received **less than 15 days** prior to the program date.

** Where multiple programs are selected, fees reflect multi-program discount. Multi-program discounts apply only for same person attending multiple programs in the same location.

City: _____ Date: _____ Seminar Fee \$: _____

Volume Registration Discounts are available for 6 or more registrants from the same firm attending the same program and location. For more information, send an e-mail to relius.education@sungard.com or call 800-326-7235, ext. 7918 or ext. 4032.

The registration fee includes all seminar materials and food and beverage as stated in program agenda. Fee does not include other meals, lodging, transportation, or parking. Registrations are confirmed by e-mail. Please note: While walk-in registrations are accepted, be sure to call before the program to confirm that space and course materials are available. Recording of the program is NOT permitted. If you have questions or require special assistance, send an e-mail to relius.education@sungard.com.

REGISTRANT INFORMATION: Please check if new address, phone or fax. Please print or type:

Mr. Mrs. Ms. Full Name: _____

Name for Badge: _____ Profession: _____

Firm Name: _____ Client Account #: _____

Shipping Address (no P.O. Boxes): _____

City: _____ State: _____ Zip: _____ Web Site: _____

Phone: _____ Fax: _____ E-mail: _____

PAYMENT METHOD Check or credit card information must accompany this form:

Enclosed is a check payable to **SunGard Business Systems, LLC** Please charge: Mastercard VISA American Express

Seminar Discount Code (if any): _____ Seminar fee: \$ _____

CT, HI, NM, SD, WV, CN Residents add applicable sales tax: \$ _____ Total Due: \$ _____

Card Number: _____ Exp. Date: _____

Cardholder's Name (print): _____ Authorizing Signature: _____

Cancellation/Transfer Policy: All requests must be in writing. Full refund of program registration fee, less a \$50 administrative fee will be made for cancellations received at least 10 business days prior to the program. No refund for cancellations received later than 10 business days prior to the program. **Multi-program registrants please note: Cancellation resulting in attendance at only one program will result in loss of multi-program discount.** Transfer requests (within the same program only) must be received at least 10 business days prior to program date, and will result in a \$25 administrative fee. Substitutions may be allowed with at least five business days advance notice. Seminar requests, questions, or concerns may be e-mailed to relius.education@sungard.com.

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