



THE INSTITUTE OF INTERNAL AUDITORS
NEW YORK CHAPTER
2003 - 2004 GROUP SUBSCRIPTION PLAN
ORDER FORM & INVOICE

PLEASE PRINT

NAME: _____

ORGANIZATION: _____

ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

E-MAIL ADDRESS: _____

SUBSCRIPTION PURCHASED	NUMBER	PRICE	TOTALS
<u>LUNCHEONS ONLY</u>	(9 Luncheons)	_____ @ \$ 495.00 EACH =	_____
	(4 Luncheons)	_____ @ \$ 220.00 EACH =	_____
<u>WORKSHOPS</u> (INCLUDES THE LUNCHEONS)			
With Annual Seminar	(8 Workshops)	_____ @ \$ 1,250.00 EACH =	_____
With Annual Seminar	(4 Workshops)	_____ @ \$ 725.00 EACH =	_____
Without Annual Seminar	(4 Workshops)	_____ @ \$ 600.00 EACH =	_____
<u>ADDITIONAL TICKET PURCHASES</u>			
Annual Audit Seminar Member		_____ @ \$ 275.00 EACH =	_____
Non Member		_____ @ \$ 295.00 EACH =	_____
		AMOUNT DUE	_____

TICKETS WILL BE MAILED TO ABOVE ADDRESS UPON RECEIPT OF PAYMENT

MAKE CHECKS PAYABLE TO - THE INSTITUTE OF INTERNAL AUDITORS--NEW YORK CHAPTER AND MAIL THEM TO:

BILL MORELLO -- IIA
NEW YORK LIFE INSURANCE COMPANY
51 MADISON AVENUE – ROOM 1817
NEW YORK, NEW YORK 10010

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