



THE INSTITUTE OF INTERNAL AUDITORS
NEW YORK CHAPTER
2004 - 2005 GROUP SUBSCRIPTION PLAN
ORDER FORM & INVOICE

Instructions: Please type form information. Print and mail.

NAME: _____

ORGANIZATION: _____

ADDRESS: _____

PHONE NUMBER: _____ **FAX NUMBER:** _____

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| 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

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