



# FPA OF MIAMI-DADE CHAPTER MEETING - THURSDAY, JANUARY 29, 2009!

**Time:** 5:30 - 6:00 PM—Registration and Networking ♦ 6:00 - 8:00 PM—Light Dinner & Presentation

**Location:** Hurricane 100 Room, UM's BankUnited Center, 1245 Dauer Drive, Coral Gables

**Cost for all attendees:** *In Advance: \$30 / At the Door: \$40*

## SECURING YOUR PROFESSIONAL FUTURE IN TODAY'S FINANCIAL SERVICES INDUSTRY

Our distinguished team of local experts in their fields will participate in a panel discussion focused on the current needs of FPA members and allied professionals in the financial services industry. This interactive program will explore ways to survive and thrive in today's economic climate, including: How to distinguish yourself within your profession; Ideas for improved efficiency; How to market yourself; and Employment trends in the local market. Don't miss this opportunity to discuss these timely issues, and network with other industry professionals.

Panel members include **Matt McGrath, CFP®**, Principal & Chief Planning Officer, Evensky Katz; **Richard Perez**, Vice President, Miami Children's Hospital Foundation; **Jeanine Karp**, Account Director, rbb Public Relations; **Dennis Nason**, Chairman, Founder & CEO, Nason & Nason Executive Search; **Ramon Usategui**, President, Florida International Banker's Association & Senior VP/Manager, BankUnited International Private Banking; and moderator **Jay Pelham, CFP®**, FPA Chapter President & Managing Director Miami-Dade County, Gibraltar Private Bank & Trust.

**To register, please forward payment by credit card or check by 5:00 PM, Monday, January 26, 2009.**

**Fax form below with credit card information to: 305-470-7487**

**OR**

**Mail form below with check to: FPA of Miami-Dade, P.O. Box 560982, Miami, FL 33256-0982**

*Payment must be received prior to meeting or guaranteed with a credit card.*

*Cancellations received 48 hours prior to the meeting will receive a full refund. "No-shows" will be invoiced.*

**Please charge my  MasterCard  Visa  Amex or  I will send a check (must be received by 1/26/09)**

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Amount \_\_\_\_\_ *(In advance: \$30; At the door: \$40)*

Name \_\_\_\_\_

Company \_\_\_\_\_

Company Address, City, State, Zip \_\_\_\_\_

Credit Card Billing Address, City, State, Zip (if different from above) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

By my signature below, I hereby authorize FPA of Miami-Dade to debit my credit card for the total amount. I have read and understand the cancellation/refund policy of this registration agreement.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Questions? Call 786-390-7655 or e-mail: info@FPAMiamiDade.org**