

## FPA CHAPTER MEETING - TUESDAY, NOVEMBER 3, 2009!

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

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

**Cost:** *In Advance:* Members: \$45; Non-Members: \$55 / *At the Door:* Members: \$55; Non-Members: \$70

### **INTO THE LIGHT & SURVIVING THE RECESSION: WHAT YOUR CLIENTS NEED TO KNOW**

**Presented by:** Richard Krinzman, Esq., Krinzman, Huss & Lubetsky; Deborah Reyes, Capital American Mortgage Company; Philip J. Shechter, CPA/ABV, CVA, Berenfeld, Spritzer, Schechter, Sheer, LLP; Erik Wesoloski, Esq., Wesoloski Carlson P.A.

A distinguished team of local experts in their fields will participate in a panel discussion focused on what your clients need to know in order to survive today's recession. This interactive program will explore: the impact of the recession on your clients; credit repair; mortgage options; bankruptcy/foreclosure strategies; the legal and tax ramifications of your clients' financial decisions; and the light at the end of the tunnel. Don't miss this opportunity to discuss these timely issues, and network with other industry professionals.

**Accepted for 2 hours of CFP CE.**

**To register, please forward payment by credit card or check by 5:00 PM, Friday, October 30, 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 10/30/09)**

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Amount \_\_\_\_\_ *(Members: \$45; Non-Members: \$55)*  
 Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Company Address, City, State, Zip \_\_\_\_\_  
 Credit Card Billing Address, City, State, Zip (if different from above) \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 CFP Board ID # \_\_\_\_\_ Member \_\_\_\_\_ Non-Member \_\_\_\_\_  
 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](mailto:info@FPAMiamiDade.org)**