

THE FIDUCIARY AND INVESTMENT RISK MANAGEMENT ASSOCIATION, INC. (FIRMA™)

2026 FIRMA Conference

May 12-15, 2026

REGISTRATION FORM

Full Name: _____

Nickname (for badge): _____

Organization: _____

Title: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____

Email (*unique address is required for each attendee*): _____

Please complete the questions below to assist us with our event planning:

Is this your first FIRMA Conference? Yes No

To help us prepare the menu, please indicate any dietary restrictions or allergies. We will do our best to accommodate your needs. Please note that while we will try to accommodate preferences like vegetarian or gluten-free, we cannot guarantee all requests can be met.

- Vegetarian
- Vegan
- Gluten-free
- Dairy-free
- Allergies/Other (please describe): _____

Do you require any accommodations that will facilitate your full participation in this event? If yes, please describe them (e.g., limited walking, wheelchair access, accessible seating, service animal, etc):

Attendee contact information will be visible in the Conference App by sponsors, speakers, and fellow attendees. If you do not wish your telephone number and email address to be visible in the App please check this box:

Are you a CPA and require a NASBA CPE certificate? (check one) Yes No

Please tell us about your job function & organization size to assist in facilitating our conference roundtable discussions (check one):

- Small or Regional Institution: Audit
- Small or Regional Institution: Risk/Compliance/First Line of Defense
- Large Institution: Audit
- Large Institution: Risk/Compliance/First Line of Defense
- Regulator

REGISTRATION FEES

INDIVIDUAL REGISTRATION OPTION

For individual attendees registering for this event, please check one of the following:

- Attendee is a FIRMA Member - \$2,350
- Attendee is a Non-Member - \$2,850

GROUP REGISTRATION OPTION

For companies registering six (6) or more employees for this event, please complete one form per attendee.

Check one of the following:

- Attendee is a FIRMA Member - \$2,225
- Attendee is a Non-Member - \$2,725

REGULATOR/EXAMINER REGISTRATION OPTION

For State and Federal Regulators:

- Attendee is a FIRMA Member - \$2,150
- Attendee is a Non-Member - \$2,650

Take a \$100 discount off the above fees if paid by March 20, 2026

PAYMENT

- Check enclosed (payable to FIRMA)
- Please charge my credit card (AmEx/Visa/MC/Discover):

Card #: _____

Exp. Date: _____ Security Code:: _____

Cardholder's Name (please print): _____

Billing Address: _____

Cardholder's Signature: _____

Mail, email, or fax this page with payment to:

**FIRMA
Attn: Amy Caple
PO Box 669515
Marietta, GA 30066**

Telephone (770) 790-8355 * Fax (770) 790-8363 * Email: amy@thefirma.org