

# CreditSoft

2010 User Conference June 9-10  
Hilton Fort Lauderdale Beach Resort,  
Fort Lauderdale, Florida

**Registration ends May 24<sup>th</sup>!**

## HOTEL RESERVATION

**Hilton Fort Lauderdale Beach Resort**  
505 N Fort Lauderdale Beach Blvd  
Fort Lauderdale, FL 33304  
(954) 414-2222



Please make your hotel reservations online by following the link below:  
[http://www.hilton.com/en/hi/groups/personalized/FLLFSHH-ICCO-20100608/index.jhtml?WT.mc\\_id=POG](http://www.hilton.com/en/hi/groups/personalized/FLLFSHH-ICCO-20100608/index.jhtml?WT.mc_id=POG)

## VENDORS

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## SCHEDULE

Wednesday, June 9<sup>th</sup>

8-9 AM	Continental Breakfast <i>Del Sol Foyer</i>	
9:30 AM	Presentation of New Features in CreditSoft	
12-1 PM	Lunch Buffet <i>Ilios Terrace</i>	
1:30 PM	Q&A Sessions	
	Credit Counseling Q&A Sessions <i>Del Sol Ballroom I</i>	Debt Settlement Q&A Sessions <i>Del Sol Ballroom II</i>
	Topics to include: Proposals Check Runs RPPS Account Updates Appointments HUD	Topics to include: Fund Accumulation Negotiation Payment Schedule and Settlements Sales and Commissions
6-8 PM	Reception <i>Sunrise Terrace</i>	

Thursday, June 10<sup>th</sup>

8-9 AM	Continental Breakfast <i>Del Sol Foyer</i>	
9:30 AM	<b>Technical Workshops</b> Goal-oriented hands-on advanced training sessions <i>Del Sol Ballrooms I &amp; II</i>	<b>Indicate Your Level of Interest</b> 1 = Highly Interested 2 = Interested 3 = Not Interested
	Web Module Customization	
	Reports Design & Customization	
	Document Print/Email/Fax Batches	
	Lead Management	
	Appointments	
	Security	
	Form and Grid Layouts	
	Queries and Saved Searches	
	Sales and Commissions Setup	
	Suggest Your Own Workshop:	

## EVENT REGISTRATION

Event registration is separate from your room reservation.  
To register, please fill out your payment and attendee information below,  
and fax back this form to (253) 276-2553.

Registration Fee:  
\$800 for the first attendee, \$450 for each additional attendee

**REGISTRATION ENDS MAY 24<sup>th</sup> !**

Attendee Information			
Attendee Name			
Company			
Email Address			
	<b>First Attendee:</b>	<b>\$800</b>	
Additional Attendee			
Additional Attendee			
Additional Attendee			
	<b>Additional Attendees \$450 each:</b>		
	<b>TOTAL:</b>		
Credit Card Information			
Cardholder Name			
Credit Card Number			
Credit Card Type	Check one:    MasterCard [ <input type="checkbox"/> ]      Visa [ <input type="checkbox"/> ]		
Billing Address			
Expiration Date (MM/YY)		CVV# (3 digit on back)	
I authorize ICCO to charge the credit card above for the total amount shown.			
Cardholder Signature			

**PLEASE FAX THIS FORM BACK TO (253) 276-2553**

For more information contact us at (954) 255-2622 x 300  
or email us at [sales@creditsoft.com](mailto:sales@creditsoft.com)