



Advisor Workshop Registrant Questionnaire

To assure that we optimize the program for you and all participants, please complete this questionnaire as soon as possible. Upon completion, please click the Submit button and the form will be sent to BISA. If you have any additional questions, please contact Ilene Persin at (610) 989-9047 ext. 27.

Please select location:

Registrant Information:

First Name

Last Name

First Name for Badge

Financial Institution

Address

City

State

Zip

Phone

Email

of Years Experience:

At Current Institution

In Securities Business

In Financial Services

Licenses/Registrations: *Check all that apply*

Series 6

Series 7

Series 24

Series 63

Insurance

RIA

Other

Total 2009 GDC generated

What products do you sell: (please indicate % below, total should equal 100%)

- MF's
- VA's
- FA's
- Life Ins.
- Fee Based
- Individual Securities
- Other
- **Total** 100%

Do you have a sales assistant?

Yes, dedicated

Yes, shared

No

Briefly describe what you do best:

Tell us the areas where you would like help: