

**NETWORKING
CONTINUING EDUCATION
HOCKEY**



**FPA of Broward
March Meeting/Hockey Game
Florida Panthers vs. Washington Capitals**

Tuesday, March 16th, 2010

***Includes Continuing Education, Unlimited Food, Unlimited Drinks
(Beer, Wine, & Soda), Parking, and Your Seat at the Game!***

Topic:

Small Cap Equities: Why and How you Should Overallocate (Maybe)

A look at small cap equities from a quirky but quantitative point of view. Correlations among asset classes are increasing, and high correlation is probably here to stay. If all domestic equity classes are going to look about the same over the next 5 years, should you just invest in one? If so, you should make it small caps, since they offer the best opportunity for increased alpha. We'll look at correlations and alphas in a rigorous but really, really non-threatening way.

Speaker: Eric Newman

Principal and Portfolio Manager – TFS Capital, LLC

Continuing Education

***We will be applying for 1 Hour of continuing education credit for the following disciplines:
CFP®, Florida Insurance, CPE (CPA), and CLE (Legal)***

Date: Tuesday, March 16th, 2010

Time: 5:00 pm Registration
5:30 pm Continuing Education Program
7:30 pm Hockey Game

Cost: Members - \$50
Non-Members/Guests - \$60

Meeting Location
Bank Atlantic Center
One Panther Parkway
Sunrise, FL 33323

This meeting is sponsored by:

Sarasota Capital Strategies, Inc. – The Currency Fund

Register on-line after February 15th at: www.SouthFloridaFPA.org

Reservation Form, Tuesday, March 16th, 2010

Mail with check in appropriate amount, payable to FPA of Broward, or fax with credit card information, by **Wednesday, March 10, 2010**, to:

FPA of Broward
8930 State Road 84, No. 316
Davie, FL 33324
Fax: 954.382.1893

Please Note: Cancellations received 48 hours prior to the meeting will receive a full refund. All others will be charged full reservation amount.

CFP® ID No. _____

Insurance License No. _____

Questions? Contact our office at 954.370.0041

Name: _____

Company: _____

Billing Address: _____

Phone: _____ Fax: _____

E-Mail: _____

Credit Card Payment MC ___ Visa ___ Amex ___

Card No: _____ CVV _____

Expiration Date: _____ Amount: _____

Signature: _____

Member/Chapter: _____ Guest: _____