

# The Association of Life Insurance Counsel 2010 Annual Meeting Registration Form

Send Completed Registration Forms to Paula Carey by email at [pcarey@alic.cc](mailto:pcarey@alic.cc) or by FAX at (317) 566-2155

<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">PART I</div> <hr/> <p>Name <span style="float: right;">Name to Appear on Badge</span></p> <hr/> <p>Company/Firm</p> <hr/> <p>Title</p> <hr/> <p>Address</p> <hr/> <p>City/State/ZIP</p> <hr/> <p>Phone <span style="float: right;">FAX</span></p> <hr/> <p>Email</p> <p><b>Method of Payment</b></p> <p><input type="checkbox"/> Bill Me                      <input type="checkbox"/> Visa</p> <p><input type="checkbox"/> Check                            <input type="checkbox"/> Mastercard</p> <p><input type="checkbox"/>                                      <input type="checkbox"/> American Express</p> <hr/> <p>Credit Card # <span style="float: right;">Exp. date</span></p> <hr/> <p>Name on Card <span style="float: right;">3-digit card security code</span></p> <hr/> <p>Signature</p>	<p><b>Sign up for:</b></p> <p><input type="checkbox"/> Member Registration Fee .....\$1,095.00</p> <p><input type="checkbox"/> Speaker Registration Fee .....\$1,095.00</p> <p><input type="checkbox"/> Non-Member* Registration Fee.....\$1,195.00</p> <p style="text-align: right;">TOTAL: \$ _____</p> <p><b>* Special Offer:</b> The ALIC will waive the first year membership fee to any non-member who attends this conference and joins ALIC.</p> <p>Permission to bring a guest to the annual meeting other than a spouse or immediate family member should be requested at least ten days before the meeting, by providing a written statement to the Secretary/Treasurer, naming the proposed guest and their interest in the subject of the meeting. Please contact ALIC for more information.</p> <div style="background-color: yellow; padding: 5px; border: 1px solid black;"> <p>Do you have a food allergy that we should be aware of?</p> <p>_____</p> </div> <div style="background-color: yellow; padding: 5px; border: 1px solid black; text-align: center;"> <p><input type="checkbox"/> Check if you are a first time attendee.</p> </div> <p>Requests for refunds must be submitted in writing to the Administrative Office no later than April 30 and are subject to an administrative fee of \$50. Cancellations after April 30 will receive a 50% refund.</p> <p>Checks must be made payable to:  <b>The Association of Life Insurance Counsel</b>  Please submit payment and registration form to:  <b>The Association of Life Insurance Counsel</b>  <b>3815 River Crossing Parkway, Suite 100</b>  <b>Indianapolis, IN 46240</b></p> <p>ALIC Tax Identification Number: 135566493  <b>Questions? Call (317) 566-2154 or email <a href="mailto:pcarey@alic.cc">pcarey@alic.cc</a></b></p>
---	---

PART II

---

Guest Name

---

Name to Appear on Badge

---

City/State/ZIP

PART III

**CONTINUING LEGAL EDUCATION:** If you are seeking CLE Credit for your attendance at this program, please provide information on each jurisdiction for which you are seeking credit. **IMPORTANT NOTE:** Attorneys must sign CLE forms provided at the program.

State	Bar #	State	Bar #
State	Bar #	State	Bar #

PART IV

**ACTIVITIES SIGN UP: PLEASE SEE ACTIVITIES REGISTRATION FORM ON NEXT PAGE.**

For you and your guest to participate in special events held in conjunction with the ALIC Annual Meeting such as the Golf Tournament, Tennis Tournament, Crouquet Tournament, Wine Tour, or Cooking Demosntration, you must complete and return the Activities Registration Form with payment.