

# 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

## PART I

\_\_\_\_\_  
Name Name to Appear on Badge

\_\_\_\_\_  
Company/Firm

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/ZIP

\_\_\_\_\_  
Phone FAX

\_\_\_\_\_  
Email

### Method of Payment

- Bill Me                       Visa
- Check                             Mastercard
- American Express

\_\_\_\_\_  
Credit Card # Exp. date

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Signature

Check if you are a first time attendee.

Requests for refunds must be submitted in writing to the Administrative Office no later than April 24 and are subject to an administrative fee of \$50. Cancellations after April 24 will receive a 50% refund.

Checks must be made payable to:

**The Association of Life Insurance Counsel**

Please submit payment and registration form to:  
**The Association of Life Insurance Counsel**  
3815 River Crossing Parkway, Suite 100  
Indianapolis, IN 46240

ALIC Tax Identification Number: 135566493

Questions? Call (317) 566-2154 or email [pcarey@alic.cc](mailto:pcarey@alic.cc)

### Sign up for:

Member Registration

- Before January 31, 2010..... \$995.00
- After January 31, 2010 ..... \$1,095.00

Non-Member\* Registration Fee

- Before January 31, 2010..... \$1,095.00
- After January 31, 2010 ..... \$1,195.00

Total: \$ \_\_\_\_\_

Do you have a food allergy that we should be aware of?

\_\_\_\_\_

*\* Special Offer:* The ALIC will waive the first year membership fee to any non-member who attends this conference and joins ALIC. 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.

## 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 #

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