

The Association of Life Insurance Counsel
2012 ANNUAL MEETING

May 19-21, 2012 • Sawgrass Marriott, Ponte Vedra, Florida

Send Completed Registration Forms to Paula Carey by email at pcarey@alic.cc or by FAX at (317) 614-7147

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 _____ CVV (3-digit security code) _____

Signature _____

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
14350 Mundy Drive, Suite 800, #258
Noblesville, IN 46060

ALIC Tax Identification Number: 135566493

Questions? Call (317) 774-7500 or email pcarey@alic.cc

SIGN UP FOR:

- Member Registration Fee
 By February 17, 2012\$995.00
 After February 17, 2012.....\$1,195.00

- Non-Member* Registration Fee
 By February 17, 2012\$1,195.00
 After February 17, 2012.....\$1,395.00

TOTAL: \$ _____

*** 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 ALIC Office, naming the proposed guest and their interest in the subject of the meeting. Please contact ALIC for more information.

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

Check if you are a first time attendee.

REFUNDS

Requests for refunds must be submitted in writing to the Administrative Office no later than April 15, 2012 and are subject to an administrative fee of \$50. Cancellations after April 15, 2012 will receive a 50% refund.

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 # _____

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