

2019 Spring Conference Registration Form

(a separate form is required for each attendee)

Prefix: Mr. / Mrs. / Ms								
	. First Name:_			Last Nar	ne:			
Badge First Name (e.	•	-						•
Which best describes	your participa	ition at the c	onference? Che	ck all that appl	ly: 🗆 La	w Firm	□ Comp	oany 🗆 Arbitrator
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Food Allergies: Emergency Contact N								
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Cancellation Policy: The cutoff date for a full refund of the Conference Registration fee is March 20th. Anyone who cancels between that date and April 26 will receive a refund, less a \$100 administrative fee. Notification must be received in writing by email, fax, or postal mail. Refund will be issued by check. Failure to cancel by April 26 will result in forfeiture of the entire registration fee.

Financial Hardship Policy Statement: As required by the New York and Illinois CLE Boards, if a member of the state's bar would like to attend an ARIAS-U.S. conference, but finds that he or she would incur a financial hardship by doing so, an application for waiver of the attendance fee may be made to the Board of Directors of ARIAS-U.S. Such application would be held in strict confidence. By registering for this ARIAS-U.S. event you consent to the ARIAS-U.S. Data Privacy Policy, which can be found online at https://www.arias-us.org/about-arias-us/arias-u-s-data-privacy-statement/.