

RIAS 2019 Fall Conference Registration Form

(a separate form is required for each attendee)

Prefix: Mr. / Mrs. / Ms. First Name:			Last Name:	
Badge First Name (ie, Bob fo				
Which best describes your p	participation at the cor	ference? Check all	that apply: 🗆 La	aw Firm 🗆 Company 🗆 Arbitrator
		•		
Street Address:			Suite/Floor:	
City:	State	/Province:	_Postal Code:	Country:
Phone:		Email:		
would like to earn CLE cred	dits for the following st	ate (mark all that a	pply): 🗆 NY 🛚	\Box PA \Box for IL CLE, please provide a
7-digit ARDC Number:	□ Oth	ner:		
ADA or Special Needs: Dietary Restrictions: Food Allergies:	Vegetarian □ Ve	gan 🗆 Koshe	er 🗆 Gluten-	Free
Emergency Contact Name:				
ARIAS.U.S. 2019 Fall (please circle your fee): Registrant Type	•	Regular (due September	Late (Onsite)	*Members include designated corporate representatives and individual members. **Non-members may apply for membership and receive member rates. Application is available online through the Membership section of the website.
Member*	\$1,125.00	\$1,175.00	\$1,275.00	section of the website.
Non-member**	\$1,475.00	\$1,525.00	\$1,625.00	
	end the meals and reception. All	registrants will be provided a	name badge to wear duri	neon, and one cocktail reception. Only conference attendees a ng the conference. For security purposes, you will be required
PAYMENT INFORMATION You may register for the 2019 ARIAS·U.S. Fall Conference online at www.arias-us.org or complete the following credit card information and submit the form to: ARIAS·U.S., 7918 Jones Branch Drive, Suite 300, McLean, VA 22102 or via fax 703-506-3266 or via email info@arias-us.org. For payment by check, please make the check payable to ARIAS·U.S. (Fed ID #13-3804860) and send to: By First Class mail: ARIAS·U.S., 6599 Solutions Center, Chicago, IL 60677-6005; By Overnight mail: ARIAS·U.S., Lockbox #776599, 350 E. Devon Ave., Itasca, IL 60143			CALCULATE YOUR TOTAL DUE: CONFERENCE REGISTRATION FEE: \$	
			GUEST RATE	ES*
information and submit th Branch Drive, Suite 300, Mo 3266 or via email info@aria please make the check pay 3804860) and send to: By F Solutions Center, Chicago,	e form to: ARIAS-U.S., 7 cLean, VA 22102 or via fi s-us.org. For payment vable to ARIAS-U.S. (Fec first Class mail: ARIAS-U IL 60677-6005; By Over	918 Jones ax 703-506- by check, I ID #13- .S., 6599 night mail:	\$240 Guest – \$55 Guest Bre \$65 Guest Lui \$75 Guest Red \$55 Guest Bre Guest Name:	All Meals: \$
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Cancellation Policy: The cutoff date for a full refund of the Conference Registration fee is August 14. Anyone who cancels between that date and September 16 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 September 16 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/.