



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 for Robert): _____ I am a First-Time Attendee

Which best describes your participation at the conference? Check all that apply: Law Firm Company Arbitrator

Title: _____ Company Name: _____

Street Address: _____ Suite/Floor: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Phone: _____ Email: _____

I would like to earn CLE credits for the following state (mark all that apply): NY PA for IL CLE, please provide a

7-digit ARDC Number: _____ Other: _____

ADA or Special Needs: _____

Dietary Restrictions: Vegetarian Vegan Kosher Gluten-Free

Food Allergies: _____

Emergency Contact Name: _____ Phone: _____

ARIAS-U.S. 2019 Fall Conference Registration Fees (please circle your fee):

**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.*

Registrant Type	Early (due August 14)	Regular (due September 16)	Late (Onsite)
Member*	\$1,125.00	\$1,175.00	\$1,275.00
Non-member**	\$1,475.00	\$1,525.00	\$1,625.00

Member/Non-member registration fee includes: Meeting costs, program materials, coat check, two breakfasts, one luncheon, and one cocktail reception. Only conference attendees and guests registered in advance may attend the meals and reception. All registrants will be provided a name badge to wear during the conference. For security purposes, you will be required to wear your name badge at all times during conference activities. Not included in registration fee: Travel and lodging.

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 RATES*

Please select below if you are inviting a guest to attend meals and reception only

\$240 Guest – All Meals: \$ _____

\$55 Guest Breakfast Ticket – Thursday, 10/3: \$ _____

\$65 Guest Lunch Ticket – Thursday, 10/3: \$ _____

\$75 Guest Reception Ticket – Thursday, 10/3: \$ _____

\$55 Guest Breakfast Ticket – Friday, 10/4: \$ _____

Guest Name: _____

Please list any dietary restrictions of Guest: _____

TOTAL DUE: \$ _____

Credit Card #: _____

Exp Date: ____ / ____ Billing Zip Code: _____ Sec Code: _____

Name as it appears on card: _____

Signature: _____

Date: _____

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/>.