

2019 Fall Conference Registration Form (a separate form is required for each attendee)

Badge First Name (ie, Bob for Robert):	Prefix: Mr. / Mrs. / Ms. First Name:				Last Name:			
Title: Company Name: Street Address: Suite/Floor: City: State/Province: Postal Code: Country: Phone: Email: Would like to earn CLE credits for the following state (mark all that apply): for IL CLE, please provide a 7-digit ARDC Number NY PA Other: No. PA Other: ADA or Special Needs: Ovegetarian Vegan No. No. No. Dietary Restrictions: Vegetarian Vegan No. No. No. No. ARIAS-U.S. posts on the conference page of the website the list of registrants including attendee name, organization, city, and state Please inclicate your preference to be included on this list. Yes, include me. No. No	Badge First Name (ie	, Bob for Robe	rt):		am a First-Time Attende	ee		
Street Address:						•		
City:					•			
Phone:								
would like to earn CLE credits for the following state (mark all that apply):								
Number								
ADA or Special Needs: Dietary Restrictions: Vegetarian Vegan Kosher Gluten-Free Food Allergies: Emergency Contact Name: ARIAS-U.S. posts on the conference page of the website the list of registrants including attendee name, organization, city, and state Please indicate your preference to be included on this list. ARIAS-U.S. 2019 Fall Conference Registration Fees (please circle your fee): Barly Regular Late Clue August 10 Clue September Clue			_			.E, please provide a	7-digit ARDC	
Dietary Restrictions: Vegetarian Vegan Kosher Gluten-Free Food Allergies: Phone: Formation Phone: Phone: Phone: Phone: Formation Phone: Phone: Phone: Phone: Phone: Phone: Phone: Formation Phone: Phon								
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Emergency Contact Name:								
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Registrant Type Comparison of the properties	ARIAS·U.S. 2	.019 Fall (endee name, organi ot include me on th	zation, city, and state iis list.	
Registrant Type Member* \$1,125.00 \$1,175.00 \$1,275.00 Non-member* \$1,475.00 \$1,525.00 \$1,625.00 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: \$ \$575 Guest Reception Ticket - Thursday, 10/3: \$ \$575 Guest Breakfast Ticket - Friday, 10/3: \$ \$585 Guest Breakfast Ticket - Friday, 10/3: \$ \$585 Guest Breakfast Ticket - Thursday, 10/3: \$ \$585 Guest Breakfast Ticket - Thursday, 10/3: \$ \$585 Guest Breakfast Ticket - Friday, 10/3: \$ \$585 Guest Breakfast Ticket - Friday, 10/3: \$ \$585 Guest Breakfast Ticket - Thursday, 10/3: \$ \$585	(please circle your fe	1	De mulem	l				
Member* \$1,125.00 \$1,175.00 \$1,275.00 Non-member** \$1,475.00 \$1,525.00 \$1,625.00 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: \$ \$555 Guest Breakfast Ticket - Thursday, 10/3: \$ \$575 Guest Reception Ticket - Thursday, 10/3: \$ \$575 Guest Reception Ticket - Thursday, 10/3: \$ \$575 Guest Reception Ticket - Friday, 10/4: \$ \$60 Guest Name: Please list any dietary restrictions of Guest: TOTAL DUE: \$ 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. (Foed ID #13-3804860) and send to: 89 First Class mail: ARIAS-U.S., 6599 Solutions Center, Chicago, IL 60677-6005; 8y Overnight mail: ARIAS-U.S. Lockbox #776599, 350 E. Devon Ave., Itasca, IL 60143 Exp Date: Billing Zip Code: Sec	Registrant Type	(due August 14)	(due September		**Non-members may apply for membership and receive member rates. Application is available online through the Membership section of the website. Member/Non-member registration fee includes: Meeting costs, program materials, coat check, two breakfasts, one luncheon, and one cocktail reception.			
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: \$ \$55 Guest Breakfast Ticket - Thursday, 10/3: \$ \$575 Guest Reception Ticket - Thursday, 10/3: \$ \$575 Guest Reception Ticket - Thursday, 10/3: \$ \$575 Guest Breakfast Ticket - Friday, 10/4: \$ \$575 Guest Breakfast Ticket - Friday, 10/4: \$ \$575 Guest Breakfast Ticket - Friday, 10/4: \$ \$585 Guest Breakfast Ticket - Friday, 10/4: \$ \$585 Guest Breakfast Ticket - Thursday, 10/3: \$ \$585 Guest Breakfast Ticket - Thursday, 10/4: \$ \$585 Guest Breakfast Ticket - Friday, 10/4: \$ \$585 Guest Breakfas	Member*	\$1,125.00	\$1,175.00	\$1,275.00				
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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: \$ \$75 Guest Reception Ticket - Thursday, 10/4: \$ \$95 Guest Breakfast Ticket - Friday, 10/4: \$ \$95 Guest Breakfast Ticket - Friday, 10/4: \$ \$95 Guest Reception Ticket - Friday, 10/4: \$ \$95 Guest Name: Please list any dietary restrictions of Guest: Please Iist any dietary restrictions of Guest: 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 Credit Card #: Exp Date:/Billing Zip Code:Sec Code:Signature:					reception. All registrants will be p For security purposes, you will be	provided a name badge to we required to wear your name	ar during the conference. badge at all times during	
\$240 Guest – All Meals: \$55 Guest Breakfast Ticket – Thursday, 10/3: \$ \$55 Guest Lunch Ticket – Thursday, 10/3: \$ \$55 Guest Lunch Ticket – Thursday, 10/3: \$ \$575 Guest Reception Ticket – Thursday, 10/4: \$ \$575 Guest Reception Ticket – Friday, 10/4: \$ \$575 Guest Reception Ticket – Thursday, 10/3: \$ \$575 Guest Reception Ticket – Thursday, 10/4: \$ \$575 Guest Reception Ticket – Friday, 10/4: \$ \$575 Guest Rece		inviting a guest to at	tend meals and recep	tion only		ON SELECTION -	THURSDAY,	
\$45 Guest Breakfast Ticket – Friday, 10/4: \$ \$	\$55 Guest Breakfast	Ticket – Thursda	y, 10/3: \$ \$		Please rank your top three (3) breakout topics in order of preference with "1" being your first choice of interest. (Visit the ARIAS•U.S. Fall Conference website			
Guest Name:	\$75 Guest Reception Ticket – Thursday. 10/3: \$ \$				1. Bespoke Networking Session			
Please list any dietary restrictions of Guest:	· · · · · · · · · · · · · · · · · · ·							
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· · · · · · · · · · · · · · · · · · ·	Credit Card #:							
Name as it appears on early	Exp Date:/B	illing Zip Code	:Sec C	Code:	Signature:			
Name as it appears on card. Date:	Name as it appears of	on card:			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.