



# 2020 Virtual 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: \_\_\_\_\_

Mailing 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: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## ARIAS-U.S. 2020 Virtual Fall Conference Registration Fees

(please circle your fee):

Registrant Type	Early (due Oct. 7)	Regular (due Oct. 26)	Late (due Nov. 2)
Member*	\$575.00	\$625.00	\$675.00
Non-member**	\$750.00	\$800.00	\$850.00
First-Time Attendees & Young Professionals***	\$250.00	\$300.00	\$350.00

\*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.

\*\*\*Young Professionals include all those under the age of 35.

## BREAKOUT SESSION SELECTION:

Please rank your top two (2) breakout topics in order of preference with "1" being your first choice of interest.

1.	Revisiting Setoff in Life & Health Receiverships
2.	Covid-19 Insurance Coverage Case Law Developments
3.	Covid-19 Pandemic Reinsurance Issues From The Arbitrator's Perspective – What Companies and Counsel Should Know To Prepare For Potential Disputes

## PAYMENT INFORMATION

You may register for the 2020 ARIAS-U.S. Fall Conference online at [www.arias-us.org](http://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](mailto: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: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Date: \_\_\_\_\_

**Cancellation Policy:** The cutoff date for a full refund of the Conference Registration fee is October 7. Anyone who cancels between that date and October 26 will receive a refund, less a \$100 administrative fee. Notification must be received in writing by email to [info@arias-us.org](mailto:info@arias-us.org). Refund will be issued by check. Failure to cancel by October 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/>.