2010 CORPORATE COUNSEL COLLEGE REGISTRATION FORM

DATE: April 22-23, 2010 • LOCATION: The Ritz-Carlton, Chicago, Illinois USA
International Association of Defense Counsel • 303 W Madison, Suite 925, Chicago, IL 60606 USA
Phone: 312.368.1494 Fax: 312.368.1854 Web: www.iadclaw.org for online registration

IADC OUTSIDE COUNSEL MEMBER AND CORPORATE CLIENT PACKAGE $1,590

IADC outside counsel members must bring a corporate client to attend. Fee includes registration for member and client.

IADC MEMBER INFORMATION

NAME _____ NAME ON BADGE _____

FIRM/COMPANY NAME _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

BUSINESS PHONE _____ BUSINESS FAX _____

E-MAIL ADDRESS _____

U.S. STATE BAR NUMBER(S) FOR ALL STATES WHERE LICENSED _____ U.K. SOLICITOR IDENTIFIER NUMBER (if applicable) _____

CORPORATE CLIENT INFORMATION

NAME _____ NAME ON BADGE _____

FIRM/COMPANY NAME _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

BUSINESS PHONE _____ BUSINESS FAX _____

E-MAIL ADDRESS _____

U.S. STATE BAR NUMBER(S) FOR ALL STATES WHERE LICENSED _____ U.K. SOLICITOR IDENTIFIER NUMBER (if applicable) _____

INSURANCE EXECUTIVE AND CORPORATE ATTENDEE $695 $_____

For corporate counsel and insurance executive members and non-members who are attending on their own or for additional clients attending with an outside counsel IADC member. For members bringing additional clients, the fee for the first additional client is $645; second additional clients is $595; and third or greater additional clients $545 each.

NAME _____ NAME ON BADGE _____

FIRM/COMPANY NAME _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

BUSINESS PHONE _____ BUSINESS FAX _____

E-MAIL ADDRESS _____

U.S. STATE BAR NUMBER(S) FOR ALL STATES WHERE LICENSED _____ U.K. SOLICITOR IDENTIFIER NUMBER (if applicable) _____

TOTAL AMOUNT ENCLOSED $_____

PAYMENT

Complete and mail or fax form with payment to: IADC, 303 West Madison, Suite 925, Chicago, IL 60606 or fax to 312.368.1854.

☐ Check/Money Order (Payable to the IADC in USD) ☐ AMEX ☐ Visa ☐ MasterCard

Number: _____ Expiration Date: ___/___

Name on Card: _____

Signature: _____

Please note: *You must register for the meeting prior to reserving rooms at the hotel. You will receive a code with your meeting confirmation that will allow you to reserve a room at The Ritz-Carlton. Questions? Call 312.368.1494.*