2010 INTERNATIONAL CORPORATE COUNSEL COLLEGE REGISTRATION FORM

DATE: 7-8 October 2010 • LOCATION: InterContinental Paris - Le Grand, Paris, France
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

IN-HOUSE COUNSEL — $1,148/€885 — $/€ _____

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) _____

OUTSIDE COUNSEL AND IN-HOUSE COUNSEL PACKAGE — $2,296/€1,770 — $/€ _____

Outside counsel members are most welcome, but they must come with one or more in-house counsel. The registration fee is $2,296/€1,770 ($1,148/€885 for the outside counsel and $1,148/€885 for the in-house counsel). If the outside counsel brings additional in-house counsel guests, there are fee reductions for subsequent guests. The registration fee for one additional in-house counsel is ($1,098/€845; second additional in-house counsel is $1,048/€806; and any other in-house counsel is $998/€768. Please use additional copies of this form to register multiple in-house counsel.

OUTSIDE COUNSEL 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) _____

IN-HOUSE COUNSEL 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) _____

SPOUSE/GUEST REGISTRATION FEE — $235/€174 — $/€ _____

The spouse/guest registration fee includes Thursday's reception and dinner only and Friday's breakfast.
Name _____

TOTAL AMOUNT ENCLOSED $/€ _____

PAYMENT

Complete and E-mail to rzurcher@iadclaw.org or mail to: IADC, 303 West Madison, Suite 925, Chicago, IL 60606 or fax to 312.368.1854.

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

Number: _____ Expiration Date: ____/____

Name on Card: _____

Signature: _____

Please fill out the form and E-mail, mail, or fax it to the IADC. For your convenience, all registration fees may be paid by credit card; wire transfer; or by check. Credit cards will be charged in U.S.D. based on the exchange rate the day it is processed. If paying by wire transfer, please send information to JPMorgan Chase Bank, Chicago, Illinois, Routing # 071000013, Account # 644403099, Swift Code CHASUS33. If paying by check, it must be in U.S. currency and mailed to the IADC.