

# IADC 2017 TRIAL ACADEMY APPLICATION

Please consider the following person for acceptance to the 2017 IADC Trial Academy to be held at Stanford Law School in Palo Alto, California from Saturday, July 29 to Friday, August 4, 2017. If you need more than one application, please photocopy this form or visit [www.iadclaw.org](http://www.iadclaw.org) to register online.

## APPLICANT INFORMATION

NAME \_\_\_\_\_ NAME ON BADGE \_\_\_\_\_

FIRM/COMPANY NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ GENDER: MALE/FEMALE \_\_\_\_\_

U.S. STATE BAR NUMBER(S) (PLEASE LIST ALL FOR WHICH YOU WILL REQUIRE CLE CREDITS) \_\_\_\_\_

Years in Practice: \_\_\_\_\_ Jury Trial Experience as Lead or Assisting Counsel (No. of Trials): \_\_\_\_\_

Name of Sponsor: \_\_\_\_\_ Sponsor's Email: \_\_\_\_\_ No. of Attorneys in Firm: \_\_\_\_\_

(Required information - This person will receive the review letter on attendee performance)

By applying for enrollment in the Trial Academy, I expressly grant my permission to be photographed at the 2017 Trial Academy and for said photographs to be used by the IADC for publicity and promotion. I understand the IADC shall own all intellectual property rights, if any, arising in connection therewith, and I further agree and acknowledge that I shall not receive (or be entitled to receive) any compensation from the IADC for any such usage.

**Additional Housing Information** - Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

(Standard check-in date is July 28, 2017 and check-out is August 4, 2017. Additional nights will require a fee per night.)

Special Requests: \_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_  
(Housing or Dietary)

Emergency Contact Cell Phone Number: \_\_\_\_\_ Emergency Contact Email: \_\_\_\_\_

## FEES

Registration Category	Before March 31	After March 31
<input type="checkbox"/> Registration Fee	\$3,400	\$3,600
<input type="checkbox"/> Multiple Attendee Registration Fee*	\$3,175	\$3,600
<input type="checkbox"/> Corporate/Insurance Attendees**	\$2,775	\$2,775
<input type="checkbox"/> Housing and Meal Package***	\$1,900	\$1,900
Total Fee enclosed:	\$ _____	\$ _____

### \*MULTIPLE ATTENDEE THANK YOU DISCOUNT

If your firm plans to register multiple attendees, the IADC wishes to thank you for your support.

Register on or before March 31 and your first registrant tuition will be \$3,400 and additional registrants will be \$3,175 each.

\*\* Attendees from a corporation or insurance company are encouraged to attend and will receive a Corporate/Insurance Discount of \$825 (\$2,775).\*\*\*All charges are based on a package rate arranged for attendees by the IADC and Stanford University. There will be no credit for missed nights or meals. The Housing and Meal Package fee covers the cost of the student lodging and meals which includes breakfast and lunch offered at Munger Dining Hall. **Additional fees will be required for spouses wishing to stay with attendees and/or attend IADC functions. Please contact Donna Villa, Meetings Coordinator, at [dvilla@iadclaw.org](mailto:dvilla@iadclaw.org) for more information.**

Refund of attendee registration fees by May 30, 2017 will be made less a \$150 administrative processing cancellation fee. Registration fees are non-refundable on and after May 31, 2017 unless the Trial Academy participant can locate a suitable substitute. Notice of cancellation or participant substitution must be received in writing by the IADC office. Please contact Amy O'Maley McGuire, Director of Professional Development, at [aomaley@iadclaw.org](mailto:aomaley@iadclaw.org).

## PAYMENT

Complete and fax with credit card information to 1.312.368.1854 or mail with payment to International Association of Defense Counsel, 23973 Network Place, Chicago, IL 60673-1239 USA. If paying by wire transfer, please contact Jenée Williams at [jwilliams@iadclaw.org](mailto:jwilliams@iadclaw.org) for wire transfer details.

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

Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

International Association of Defense Counsel

Phone: 1.312.368.1494

Fax: 1.312.368.1854

Website: [www.iadclaw.org](http://www.iadclaw.org)