

IADC 2020 TRIAL ACADEMY APPLICATION

☐ By checking this box, I agree to provide the IADC with the contact information required on the form to register myself for this meeting. The information will be used for the purposes of providing meeting benefits included in the registration fee, for registration lists circulated to attendees and sponsors, and for contact before and during the meeting regarding meeting events.

Please consider the following person for acceptance to the 2020 IADC Trial Academy to be held at Stanford Law School in Palo Alto, California from Saturday, July 25 to Friday, July 31, 2020. If you need more than one application, please photocopy this form or visit www.iadclaw.org to register online.

APPLICANT INFORMATION

NAME		NAME ON BADGE (INFORMAL NAME)
FIRM/COMPANY NAME		
BUSINESS ADDRESS		
CITY	STATE/PROVINCE	ZIP
BUSINESS PHONE	CELL PHONE	
EMAIL ADDRESS	BIRTH DATE	GENDER
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 2020 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 24, 2020 and check-out is July 31, 2020. 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	On/Before April 17	After April 17
<input type="checkbox"/> Registration Fee	\$3,550	\$3,750
<input type="checkbox"/> Multiple Attendee Registration Fee*	\$3,325	\$3,750
<input type="checkbox"/> Corporate/Government Attendees**	\$2,995	\$2,995
<input type="checkbox"/> Housing and Meal Package***	\$1,955	\$1,955
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 April 17 and your first registrant tuition will be \$3,550 and additional registrants will be \$3,325 each.

** Attendees from a corporation or government entity are encouraged to attend and will receive a corporate/government discount of \$755 (\$2,995).***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 for more information.**

Refund of attendee registration fees by May 25, 2020 will be made less a \$150 administrative processing cancellation fee. Registration fees are non-refundable on and after May 26, 2020 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, Assistant Director of Legal Programming, at 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 Mary Huang at mhuang@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