

# REGISTRATION FORM

ABA TORT TRIAL & INSURANCE PRACTICE SECTION (TIPS)

## THE FIDELITY AND SURETY LAW COMMITTEE'S 2016 MIDWINTER MEETING

The Waldorf ~ Astoria Hotel, New York, NY • January 21-23, 2016

**REGISTRATION DEADLINE: JANUARY 4, 2016**

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### 1. REGISTRANT: *(Please print or type one form per person; photocopy this form for additional registrants)*

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LAST NAME	FIRST NAME	MI
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NAME AS YOU WISH IT TO APPEAR ON YOUR BADGE

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FIRM/COMPANY

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WHAT STATE(S) ARE YOU LICENSED IN?

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ADDRESS

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CITY	STATE	ZIP
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(AREA CODE) BUSINESS TELEPHONE	FACSIMILE
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E-MAIL ADDRESS

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SPOUSE/GUEST

How many Fidelity and Surety Law Committee Programs have you attended  
*(including this one)*       3 or less     4 or more

- I will attend the Construction Program.
- I will attend the Fidelity Program.
- I will attend the Surety Program.
- I am a member of the ABA and wish to join the Tort Trial & Insurance Practice Section (TIPS).
- I have enclosed a separate check for \$50 made payable to the American Bar Association.

## THREE WAYS TO REGISTER

### 1. ONLINE:

[www.americanbar.org/  
tips/groups/tort\\_trial\\_  
insurance\\_practice.html](http://www.americanbar.org/tips/groups/tort_trial_insurance_practice.html)

### 2. MAIL:

The Fidelity And Surety Law Committee  
2016 Mid-Winter Meeting  
American Bar Association  
Attn: Service Center – Meeting/Event  
Registrations Department  
321 North Clark Street, Floor 16  
Chicago, IL 60654

### 3. FAX

(312) 988-5850

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CONTINUED

## 2. REGISTRATION FEES:

	On or Before <u>1/4/16</u>	After <u>1/4/16</u>	<u>QTY</u>	<u>TOTAL</u>
Insurance Company Employees: TIPS Member	\$240	\$300	___	\$ _____
Insurance Company Employees: Non-TIPS Member	\$290	\$340	___	\$ _____
Government Employee	\$515	\$575	___	\$ _____
TIPS Members	\$965	\$1020	___	\$ _____
Law Student	\$295	\$350	___	\$ _____
General Attendee (all others)	\$1150	\$1225	___	\$ _____

## 3. SOCIAL EVENT TICKETS:

		<u>QTY</u>	<u>TOTAL</u>
Welcome Reception (Thursday)	Included	___	\$ _____
Spouse/Guest Reception Ticket	\$75 (\$80 at door)	___	\$ _____

## 4. TOTAL PAYMENT:

TOTAL \$ \_\_\_\_\_

## 5. PAYMENT INFORMATION:

Check (made payable to the ABA)  American Express  MasterCard  VISA

CREDIT CARD NUMBER

EXPIRATION DATE

SIGNATURE

ESLC **MidWinter**  
**Meeting 16**