



REGISTRATION & TICKETED EVENTS

PLEASE STAPLE YOUR BUSINESS CARD TO THIS FORM

ABA Number: _____ (8-digits beginning with zero)

Name: _____

Spouse or Guest Name: _____

Firm Name/Organization: _____

Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Telephone: _____ Fax: _____ E-mail: _____

_____ Please check here if you are a first-time attendee at a Section of International Law Meeting.
Payment must accompany all registration forms.

PROGRAM REGISTRATION FEES

Section Member Fees:

<input type="checkbox"/> Full section Member	\$945	<u>Unable to attend all three days? Section Member Daily Rates:</u>	
<input type="checkbox"/> Young Lawyer (under 35)	\$470	<input type="checkbox"/> Wednesday programs only	\$600
<input type="checkbox"/> Corporate Counsel	\$695	<input type="checkbox"/> Thursday programs only	\$600
<input type="checkbox"/> Full time Government/Academic/NGO's	\$195	<input type="checkbox"/> Friday programs only	\$600
<input type="checkbox"/> Full-time Law Student	\$145		

Sponsor Fees and Member of Cooperating Organization:

Member of Sponsoring Organization	\$745
Member of Cooperating Organization	\$945
Name of Organization _____	

Non-Member Fees: (Includes Section Membership-See Step Three for more Details)

<input type="checkbox"/> Non-Member	\$1145	<u>Unable to attend all three days? Non-Member Daily Rates:</u>	
<input type="checkbox"/> Young Lawyer (under 35)	\$595	<input type="checkbox"/> Wednesday programs only	\$745
<input type="checkbox"/> Corporate Counsel	\$795	<input type="checkbox"/> Thursday programs only	\$745
<input type="checkbox"/> Full time Government/Academic/NGO's	\$495	<input type="checkbox"/> Friday programs only	\$745
<input type="checkbox"/> Full-time Law Student	\$175		

Individual Program Fees

Single Program Fee	\$100
Date: _____	Name of Program Attending: _____

Individual Ticketed Events Fees*:

<u>Individual Ticketed Events Fees*:</u>	<u># of Tickets</u>	<u>Fee</u>
Wednesday Luncheon with The Rt Hon Lord Goldsmith of Allerton QC	_____	at \$ 110
Wednesday Reception at the Grosvenor House Hotel	_____	FREE

Thursday Luncheon with Luncheon with Sir Howard Davies _____ at \$ 110
 Thursday Reception and Dinner at Middle Temple SOLD OUT
 Friday Luncheon with Judge Rosalyn Higgins _____ at \$ 110
 Friday Chair's Closing Reception at Lancaster House _____ at \$ 95

*Do you require special dietary needs? If so, please describe _____

STEP THREE: SIGN UP FOR SECTION MEMBERSHIP

____ YES! Enroll me in the Section of International Law.
 _____ Lawyer Member- *FREE with "Non-Member" registration fees for ABA members only*(a \$55 value)*
 _____ Associate- *FREE with "Non-Member" registration fees for ABA members only*(a \$55 value)*
 _____ Law Student- *FREE with "Non-Member" registration fees for ABA members only*

STEP FOUR: PURCHASE PROGRAM MATERIALS

Program Materials will be provided to registrants on CD-Rom at no extra cost. If you would like to purchase an additional CD-Rom or are unable to attend the meeting but would like to purchase the CD-Rom, please indicate the number below and submit payment.

____ Yes, I would like to purchase an additional CD-Rom at \$80 each

STEP FIVE: MAKE YOUR PAYMENT

Credit Card Payment type: Visa MasterCard American Express

Total Payment: \$ _____

Card Number: _____ Expiration Date: _____

Signature: _____

Data Protection Notice - Please sign below: By submitting this completed Fall Meeting registration form, you are providing us with personal information. By registering and signing this form below, you consent to our use of that information to complete the registration process and to compile data which the Section may use for Section membership and programming purposes only. Your payment information, including credit card information is used only to process payment for your Fall Meeting registration fees and is not retained for any other purposes whatsoever.

Your signature _____ Date _____

STEP SIX: MAKE SURE YOU SIGN UP FOR MCLE/CLE CREDIT

You will be required to fill in your **State License Number on the MCLE/CLE sign in sheet at the Fall Meeting. Please come to the meeting with your license number(s) for those states you will be obtaining MCLE/CLE credit.*

____ I would like MCLE/CLE credit.

____ DE _____ NY _____ PA _____ TX _____ Other State(s) not listed: _____

STEP SEVEN: LET US KNOW IF YOU REQUIRE ASSISTANCE

Please indicate if, under the Americans with Disabilities Act, you require specific aid or service during your attendance at the Fall Meeting .
 _____ Audio _____ Visual _____ Mobile

STEP EIGHT: COMMITTEE BREAKFASTS

Committee Breakfasts will be held at The Grosvenor House Hotel on Thursday, October 4 and Friday, October 5. If you are in a Committee, or interested in joining a Committee we encourage you to attend.

Please bring completed registration form to the ABA International Fall Meeting Registration Desk at the Grosvenor House Hotel. The registration room and hours are as follows:

DAY	DATE	LOCATION	HOURS
Tuesday	10/02/07	Aldford	3 pm-6 pm
Wednesday	10/03/07	Aldford	7:30 am – 5 pm
Thursday	10/04/07	Aldford	7:30 am – 5 pm
Friday	10/05/07	Aldford	7:30 am – 5 pm