



Name _____

Name on Badge _____ Professional Designations _____

Company _____

Title _____

Address _____

City _____ State _____ Zip _____

Business Phone _____ E-Mail Address _____

I have an ADA/Special Needs disability/limitation that may require special consideration for me to fully participate in the meeting. Please contact me to discuss potential accommodations.

Amount of Payment

- PLRB Member Insurance Companies \$ 0
- PLRB Affiliate Members \$450
- All Others \$595

TOTAL: \$ _____

Method of Payment

- Check is enclosed
- MasterCard VISA American Express Discover

Account Number _____ Exp. Date _____ Security Code _____

Name on Account _____ Signature _____

Address on Card _____

REGISTRATION: Registration fee covers all educational workshops and materials, continental breakfasts, coffee breaks and receptions. Full refunds less a \$50 processing charge will be made for cancellations received 30 days prior to the conference. No refunds will be made after that date. Cancellation requests must be submitted in writing to conference@plrb.org. "Substitutions" may be accepted at the discretion of PLRB. "Substitution" means that a co-worker/co-employee of a registrant attends this entire event in place of the registrant. Requests for substitution must be submitted to the PLRB in writing by the registrant.

Complete form and fax to 630/724-2260 with credit card information or mail with check payment (payable to PLRB) to: Property & Liability Resource Bureau, Department 4984, Carol Stream, IL 60122-4984.

Note: PLRB Conferences and meetings are open only to those employed by the insurance industry and to those who provide goods and services directly to insurers. Applications from public adjusters, brokers, and agents will not be accepted.