

## DOING BUSINESS WITH ISRAEL

May 30 – June 2, 2010

### I. Registrant Information

ABA ID # (if applicable): \_\_\_\_\_

Name: \_\_\_\_\_  
(TYPE or PRINT your name CLEARLY as you wish it to appear on badge. Please attach your business card for clarity purposes.)

Firm/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province/Region: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

First-time attendee at a Section meeting?

### II. Guest Information

One guest is allowed per full-paid registrant. Guests may attend ticketed events ONLY but must purchase a ticket for entry. Guests will NOT be permitted into any CLE programming session. Guests must register as a conference attendee to attend CLE programs.

Name of Guest: \_\_\_\_\_

Firm/Organization: \_\_\_\_\_

### III. Registration Fees

Qty	Registration Fee	Total \$
_____	Early Bird Registration (before April 30) @ 450 each <i>(includes all programs and events May 30 – June 2)</i>	_____
_____	Post-Early Bird Registration @ 595 each <i>(includes all programs and events May 30 – June 2)</i>	_____
_____	Guest Ticket @ \$175 each <i>(includes all events May 30 – June 2, 2010)</i>	_____

### IV. 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 2010 Spring Meeting:

Audio    Visual    Mobile

### V. Make Your Payment

#### PAYING BY CREDIT CARD:

Credit Card Type:    Visa    MasterCard    American Express

Total Payment: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

#### PAYING BY CHECK:

Please make check payments payable to the American Bar Association in USD.

#### PAYING BY WIRE TRANSFER:

Please include the following information when making payment via wire transfer:

Name of Section: **American Bar Association, SIL**

Meeting type: **Israel Bar Association Meeting**

Bank name: **Bank of America**

Bank Address: **730 Fifteenth Street, NW, Washington, DC 20009**

Bank Routing number: **054001204**

Account Name: **American Bar Association**

Account Number: **002086136405**

SWIFT code is **BOFAUS3N**

### VI. Refund Policy

Cancellations must be made in writing and received by the Section office by April 30, 2010, for a full refund of fees, less a \$100 administration fee. No refund of registration or fee for a ticketed event will be granted after that date *except in the case of medical emergency or extenuating circumstances approved by the Section in its sole discretion.*

When a completed registration form and payment have been submitted to the Section office either online, by mail, email or fax, the registration is considered to be a firm commitment and you will be expected to pay the registration and any ticketed event fees, unless a written cancellation is received as set forth above. Any refunds issued will be processed to the credit card on file for individuals who made registration payment via credit card.

### VII. MCLE/CLE Credit

#### MCLE/CLE CREDIT:

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

**MCLE/CLE credit has been requested.** For delegates where MCLE/CLE is mandatory, a Certificate of Attendance will be provided onsite.

Please complete this registration form and return with your payment. *Please allow up to three (3) weeks for processing.*

Mail to:  
ABA Section of International Law  
Doing Business with Israel  
Attention: Jessica Smith  
740 Fifteenth Street, NW  
Washington, DC 20005 USA

or fax to 202.662.1669

*If you are completing the hard copy registration form and require a receipt please contact the Section office via email at smithj@staff.abanet.org. Receipt and confirmation of registration will not be available until payment is received and processed.*