

2017 Annual Conference



October 8–10, 2017

**LOEWS SAPPHIRE FALLS RESORT
Orlando, FL**

RETURN TO:

American Council of Life Insurers
Conference Development Department
101 Constitution Avenue, NW; Suite 700
Washington, DC 20001-2133
Telephone: (202) 624-2424 Fax: (202) 624-2425

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other

| | | | |
|-------------------------|---------------------|---------------------------|-----------|
| Full Name _____ | | Name on badge _____ | |
| Position/Title _____ | | | |
| Company _____ | | | |
| Corporate address _____ | City _____ | State _____ | Zip _____ |
| Phone _____ | Fax _____ | E-mail _____ | |
| Spouse/Guest name _____ | Name on badge _____ | Spouse/Guest e-mail _____ | |
| Home address _____ | City _____ | State _____ | Zip _____ |
| Cell Phone _____ | | | |

CONFERENCE FEES

Before May 15

After May 15

Full conference

☐ ACLI member
☐ Non-member

\$995
\$1295

\$1195
\$1495

One-day

☐ ACLI member
☐ Non-member

\$345
\$445

\$445
\$545

☐ Spouse/Guest

\$295

\$295

Total \$ _____

Registration Group Discount – Save Money!

Register **three or more people from your company at the same time** for ACLI's full conference and take \$50 off each registration fee. All forms must be submitted at the same time to qualify for this rate. (Group discount does not apply to spouses/guests). For *online group discount* please email genevabarber@accli.com for the group discount promotional code.

Identify your main interest or topic area:

(Check all that apply)

☐ Compliance
☐ Legal
☐ Products

☐ International
☐ Politics & Policy
☐ Reinsurance

☐ Investment/Financial
☐ Medical/Underwriting
☐ Other _____

ADDITIONAL INFORMATION

Primary person to be notified in case of an emergency

| | | |
|--|---------------------------------------|--|
| Name _____ | Relationship _____ | Phone _____ |
| <input type="checkbox"/> First-time attendee at ACLI Annual Conference | | |
| How did you hear about the conference? | <input type="checkbox"/> ACLI mailing | <input type="checkbox"/> ACLI Website <input type="checkbox"/> E-mail <input type="checkbox"/> Other _____ |

Special Services

☐ Check here if you are disabled, require special services, have a dietetic requirement or special meal request. Describe or attach a separate sheet if necessary.

SESSIONS/EVENTS

| Day | Sessions | Registrant | Spouse/Guest |
|----------------------|--|------------|--------------|
| Sun. Oct. 8 | | | |
| 8:30 am | Activity (\$) | _____ | _____ |
| 8:45 am | Forum 500: Section board of governors meeting | _____ | |
| 10:00 am | Forum 500: General Session | _____ | |
| 12:15 pm | Luncheon with Speaker | _____ | _____ |
| 2:00 pm | Spouse/Guest Tour (\$) | _____ | _____ |
| 3:30 pm | ACLI Board of Directors Meeting | _____ | |
| 5:00 pm | Reinsurance Reception (invitation only) | _____ | |
| 5:30 pm | Welcome Reception & Exhibitor Marketplace Opening | _____ | _____ |
| Mon. Oct. 9 | | | |
| 7:30 am | Hot Issue Breakfast | _____ | |
| 8:30 am | General Session: | _____ | |
| 10:30 am | Spouse/Guest Speaker – Complimentary with registration | | _____ |
| 10:30 am | Concurrent Sessions | | |
| 12:15 pm | Luncheon | _____ | _____ |
| 2:00 pm | Spouse/Guest Tour | _____ | _____ |
| 2:00 pm | Concurrent Sessions | | |
| 3:00 pm | Ice Cream Social in Exhibit Marketplace | _____ | |
| 3:30 pm | Concurrent Sessions | | |
| 5:00 pm | Reception in Exhibit Marketplace | _____ | _____ |
| Tues. Oct. 10 | | | |
| 7:30 am | Hot Issue Breakfast: | _____ | |
| 8:30 am | General Session | _____ | |
| 10:00 am | Spouse/Guest Activity (\$) | | _____ |
| 9:45 am | Concurrent Sessions | | |
| 11:00 am | Concurrent Sessions | | |
| 12:15 pm | Luncheon | _____ | _____ |
| 2:00 pm | Legislative & Regulatory Challenges | _____ | |

FEE SUMMARY

| Activity | Details and cost | Per Person | Participants | Total |
|--------------|---|------------|--------------|----------|
| Sun. Oct. 8 | Activity | \$ | _____ | |
| Sun. Oct. 8 | Activity | \$ | _____ | |
| Mon. Oct. 9 | Tour | ??? | _____ | |
| Tue. Oct. 10 | Activity | \$ | _____ | |
| Subtotal | Optional activities and sessions | | | \$ _____ |
| Subtotal | Registration (bring total from first page) | | | \$ _____ |
| Total | Amount due (registration plus optional items) | | | \$ _____ |

METHOD OF PAYMENT

☐ Visa
 ☐ MasterCard
 ☐ American Express
 ☐ Diners Club
 ☐ Discover

Name on card (Print) _____ Signature _____

Card number _____ Expires _____

☐ Check enclosed
 \$ _____ *USD
 Made payable to American Council of Life Insurers or ACLI

HOUSING

ACLI has reserved a block of rooms at the [Loews Sapphire Falls Resort](#) until **Thursday, September 7, 2017**. Reservations may be made online, or via phone. To make reservations online please visit [Loews Sapphire Falls Resort](#). To make reservations by phone please call (866) 360-7395. **The group rate is \$209 single/double per night plus applicable taxes.** The deadline to make hotel reservations Thursday, September 7, 2017, or once the room block is filled. Requests received after the cutoff date will be accepted on a space available basis, at the hotel's prevailing rate.

CONFERENCE CANCELLATIONS/REFUNDS

Conference cancellations received before **Friday, September 15, 2017** will be refunded, less a \$175 administrative/cancellation fee. Optional activity cancellations received before **Friday, September 15, 2017**, will be refunded less a \$25 administrative/cancellation fee. All cancellations and requests for refunds must be submitted in writing to genevabarber@accli.com. Spouse/guest cancellation registration fees are refunded less \$50. **No refunds will be issued after September 15, 2017.** For inquiries, or more information regarding administrative policies, refunds or complaints contact ACLI registration at (202) 624-2424 or genevabarber@accli.com.