Medical Section Annual Meeting

Co-Provided by







February 18-21, 2017

RITZ-CARLTON, NEW ORLEANS
NEW ORLEANS, LA

Return To:

American Council of Life Insurers

Conference Development Department 101 Constitution Avenue, NW; Suite 700

accepted on a space available basis, at the hotel's prevailing rate.

Washington, DC 20001 Phone: (202) 624-2424 Fax	: (202) 624-242	5							
□ Dr. □ Mr. □ Mrs. □ M	As.	□MD	□DO	□RN	☐ Other _				
Full Name		Name on badge							
Position/title									
Company Represented									
Corporate address		City		State		Zip			
Phone		Fax		E-mail					
Spouse/Guest name		Name on badge		Home Ema	ail				
Home address		City		State		Zip			
Child name (for badge)		Age							<u>-</u>
SECTION 1 – REGISTRA	TION Early-Bird	Ī							
Registration	On/Before Dece			After D	ecember 5				
ACLI Member	\$1,095			\$1,395					
Non-Member	\$1,495			\$1,795					
Underwriters	\$650			\$750_	(online	promotional	code: MEI	DUND17)	
Emeritus Member	\$300				(online	promotional	code: MEI	DEMT17)	
One-Day Attendee ACLI Memb				\$400					
One-Day Attendee Non-Member				\$500					
Spouse/Guest *	\$225			\$225					
			5	Section 1	- Registratio	n Fee Total	\$		
☐ First time attendee to the Me☐ Emeritus member, Retired fre		•							
SPECIAL SERVICES: Please a written description of your speci									
HOUSING: ACLI has reserved a	black of rooms for	your stay at the	Ritz Carl	ton New	Orleans No	w Orleans I	A To mal	ke reservati	ons call

(800) 826-8987. To make your reservation online go to <u>Ritz Carlton, New Orleans</u>. The group rate is **\$ 239 single/doubles** plus applicable taxes. This block must be available until Wednesday, January 11, 2017 or once the ACLI room block is filled. Requests received after the date will be

SECTION 2 - ACTIVITIES, BREAKOUTS & SESSIONS

		(Please specify # o	of participants for each activity)
Saturday, February 1	8 Activity	Registrant	Spouse/ Child/ Guest Children
3:00 – 4:00 PM	Membership and Medical Relations Committee	IXEGISTI MIT	Guest Chiaren
4:00 – 5:00 PM	Board of Managers Meeting		
6:00 PM	First-Time Attendee Reception		
6:30 PM	Welcome Reception		
7:30 PM	Board of Managers Dinner (by invite only)		
Sunday, February 19			
7:15 AM	Breakfast		
8:15 AM	Welcome Remarks		
8:40 AM	Scientific Session:		
9:40 AM	Scientific Session: Scientific Session:	\vdash	
10:55 AM 11:35 AM	Medical Issues Committee	\vdash	
		_	
Monday, February 20 7:30 AM	Breakfast		
8:30 AM	Scientific Session:		
9:30 AM	Scientific Session:		
10:45 AM	Scientific Session:	H	
12:00 PM	Lunch & Business Section Meeting		
1:30 PM	Scientific Session:		
2:30 PM	Scientific Session:		
3:45 PM	Scientific Session:		
6:00 PM	Reception and Dinner		
Tuesday, February 21			
7:00 AM	Breakfast		
8:00 AM	Scientific Session:		
9:00 AM	Scientific Session:	\vdash	
10:15 AM	Scientific Session:		
FEE SUMMARY		No. of	
Activity	Details and cost Fee	participants Total	
Activity			
•			\$
Subtotal	Optional activities (TBD)		\$ \$
•		vities)	\$ \$ \$
Subtotal Subtotal	Optional activities (TBD) Registration (bring total from first page)	vities)	\$ \$ \$
Subtotal Subtotal Total	Optional activities (TBD) Registration (bring total from first page) Amount due (registration plus optional activ	·	\$ \$ \$
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