

# Medical Section Annual Meeting

Co-Sponsored by



February 17–20, 2018

THE VINOY RENAISSANCE  
ST. PETERSBURG, FL

## Return To:

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

☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ 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 _____	Spouse/Guest Email _____
Home Address _____		City _____	State _____ Zip _____
Child Name (for badge) _____		Age _____	

## SECTION 1 – REGISTRATION

Registration	Early-Bird On/Before December 4	After December 4
ACLI Member	\$1,095 _____	\$1,395 _____
Non-Member	\$1,495 _____	\$1,795 _____
Underwriters	\$650 _____	\$750 _____ (online promotional code: MED18UND)
Emeritus Member	\$300 _____	\$400 _____ (online promotional code: MED18EMT)
One-Day Attendee ACLI Member	\$375 _____	\$400 _____
One-Day Attendee Non-Member	\$475 _____	\$500 _____
Spouse/Guest *	\$225 _____	\$225 _____

Section 1 - Registration Fee Total \$ \_\_\_\_\_

☐ First time attendee to the Medical Section Annual Meeting

☐ Emeritus member, Retired from \_\_\_\_\_

☐ **SPECIAL SERVICES:** Please check here if you are disabled, require special services, have a special meal request or dietetic requirement. Give a written description of your specific need below or attach a separate sheet, if necessary. \_\_\_\_\_

**HOUSING:** ACLI has reserved a block of rooms for your stay at the **The Vinoy Renaissance, St. Petersburg, FL.** To make reservations call (727) 894-1000. To make your reservation online go to [The Vinoy Renaissance](http://The Vinoy Renaissance). The group rate is **\$ 259 USD per night single/double** plus applicable taxes. This block is available until Wednesday, January 24, 2018 or once the ACLI room block is filled. Requests received after the date will be accepted on a space available basis, at the hotel's prevailing rate.

## SECTION 2 - ACTIVITIES, BREAKOUTS & SESSIONS

(Please specify # of participants for each activity)

<u>Saturday, February 17</u>	Activity	Registrant	Spouse/ Guest	Child/ Children
3:00 – 4:00 PM	Membership and Medical Relations Committee			
4:00 – 5:00 PM	Board of Managers Meeting	___		
6:00 PM	First-Time Attendee Reception	___		
6:30 PM	Reception in Honor of Medical Section Chair	___		
7:30 PM	Board of Managers Dinner (by invite only)	___		
<u>Sunday, February 18</u>				
7:15 AM	Breakfast	___		
8:15 AM	Welcome Remarks	___		
8:40 AM	Scientific Session: Mortality Trends in the USA	___		
9:40 AM	Scientific Session: HPV/Abnormal Pap Smears	___		
10:55 AM	Scientific Session: Obesity, Bariatric Surgery	___		
11:35 AM	Medical Issues Committee	___		
<u>Monday, February 19</u>				
7:30 AM	Breakfast w/Speaker Mary Bahnan-Nolan–Accelerated Underwriting	___		
8:30 AM	Scientific Session:	___		
9:30 AM	Scientific Session:	___		
10:45 AM	Scientific Session:	___		
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	___		
<u>Tuesday, February 20</u>				
7:00 AM	Breakfast	___		
8:00 AM	Scientific Session: Chronic Pain, Opioid Dependence, Medical MJ	___		
9:00 AM	Scientific Session: HIV Risk Assessment	___		
10:15 AM	Scientific Session:	___		

### FEE SUMMARY

Activity	Details and cost	Fee	No. of participants	Total
Subtotal	Optional activities (TBD)			\$ _____
Subtotal	Registration (bring total from first page)			\$ _____
Total	Amount due (registration plus optional activities)			\$ _____

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

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**REGISTRATION INSTRUCTIONS:** Please return the completed registration form and credit card information to the ACLI, Conference Development Department, 101 Constitution Avenue, NW, Suite 700, Washington, DC 20001, email to [genevabarber@acli.com](mailto:genevabarber@acli.com).

**CANCELLATIONS/REFUNDS/QUESTIONS:** Meeting registration cancellations received prior to **Monday, January 15, 2018** will be refunded, less a \$175 administrative/cancellation fee. A \$50 administrative fee will be assessed on optional activities (sports/tours) which are cancelled before **Monday, January 15, 2018**. No refunds will be issued after Monday, January 15, 2018. All cancellations and requests for refunds must be submitted in writing to [acliconference@acli.com](mailto:acliconference@acli.com).

Direct all inquires to ACLI registration. Telephone: (202) 624-2424 or Email: [acliconferences@acli.com](mailto:acliconferences@acli.com)

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