



Compliance & Legal Sections Annual Meeting

July 11–13, 2016

FAIRMONT COPLEY PLAZA
Boston, MA

RETURN TO:

Conference Development
American Council of Life Insurers
101 Constitution Ave, NW, Suite 700
Washington, DC 20001
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	Country
Phone	Fax	E-mail		
Spouse/Guest name	Name on badge		Email	
Home address	City	State	Zip	

CONFERENCE FEES

	On/before May 16	After May 16
Full conference attendee		
<input type="checkbox"/> ACLI member company	\$975	\$1075
<input type="checkbox"/> Non-member	\$1,275	\$1,475
<input type="checkbox"/> Spouse/Guest*	\$250	\$250

Total Registration Fee \$ _____

ADDITIONAL INFORMATION

Primary person to be notified in case of an emergency

Name	Relationship	Phone
<input type="checkbox"/> First-time attendee to Compliance and Legal Sections Annual Meeting?		
How many years have you been responsible for compliance-related issues? _____ Legal? _____ Both? _____		
Does your company sell only fixed products? _____ <input type="checkbox"/> Only variable products? <input type="checkbox"/> Both fixed and variable? <input type="checkbox"/>		
How did you hear about the conference? <input type="checkbox"/> ACLI mailing <input type="checkbox"/> ACLI Website <input type="checkbox"/> Email <input type="checkbox"/> Other _____		
<input type="checkbox"/> Colleague <input type="checkbox"/> Promotion		

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.

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