

Medical Section Annual Meeting

Jointly Sponsored by



February 21–24, 2015

MAYFLOWER RENAISSANCE
WASHINGTON, DC

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 _____	Home Email _____	
Home address _____	City _____	State _____	Zip _____
Child name (for badge) _____	Age _____		
Child name (for badge) _____	Age _____		

SECTION 1 – REGISTRATION

	Early-Bird On/Before December 3	After December 3
Registration		
ACLI Member	\$995 _____	\$1095 _____
Non-Member	\$1,295 _____	\$1,395 _____
Underwriters	\$650 _____	\$700 _____ (online promotional code: MEDUND14)
Emeritus Member	\$300 _____	\$300 _____ (online promotional code: MEDEMT14)
One-Day Attendee ACLI Member	\$350 _____	\$375 _____
One-Day Attendee Non-Member	\$450 _____	\$475 _____
Spouse/Guest *	\$100 _____	\$100 _____
Children (age 5-18 years)*	\$50 _____	\$50 _____

* - Registration fee for spouse/guest and children includes continental breakfast in Hospitality Room on Sunday, Monday, and Tuesday. Additional functions/tours available on an à la carte basis – see payment summary section for costs and sign-up information.

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 **Mayflower Renaissance Hotel, Washington, DC**. To make reservations call (877) 212-5752. To make your reservation online go to [Mayflower Renaissance Hotel](#). The group rate is **\$229 single/doubles** plus applicable taxes. This block must be released by **Friday, January 16, 2015**. 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)

Saturday, February 21

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	Welcome Reception	* _____	* _____
7:30 PM	Board of Managers Dinner (by invite only)	_____	_____

Sunday, February 22

7:00 AM	Breakfast	_____	_____
7:30 AM	Spouse/Guest Continental Breakfast	_____	_____
8:00 AM	Welcome Remarks	_____	_____
8:40 AM	Scientific Session: Hypercoagulable Disorders	_____	_____
9:40 AM	Scientific Session: Vascular Disorders of the Brain	_____	_____
10:55 AM	Scientific Session: Dilation of the Aorta and it's Major Branches	_____	_____
11:55 AM	Medical Issues Committee – Mobile Health Apps & New Technology	_____	_____

Monday, February 23

7:30 AM	Breakfast	_____	_____
8:00 AM	Spouse/Guest Continental Breakfast	_____	_____
8:30 AM	Scientific Session: EtOH Use/Abuse in the Elderly	_____	_____
9:30 AM	Scientific Session: Effects of Complications of Pregnancy	_____	_____
10:45 AM	Scientific Session: Angina with Normal Coronaries	_____	_____
12:00 PM	Lunch & Business Section Meeting	* _____	* _____
1:30 PM	Scientific Session: Art of Human Genetics: Clinical & Research	_____	_____
2:30 PM	Scientific Session: Pandemics	_____	_____
3:45 PM	Scientific Session: Pancreatic Cysts & Pancreatic Cancer	_____	_____
6:00 PM	Capitol Food Truck Caravan Themed Reception and Dinner	* _____	* _____

Tuesday, February 24

7:00 AM	Breakfast	_____	_____
8:00 AM	Scientific Session: Sleep Apnea – Obstructive & Central	_____	_____
9:00 AM	Scientific Session: Medical Care of the Athlete	_____	_____
10:15 AM	Scientific Session: NAFLD & Hepatocellular Carcinoma	_____	_____

PAYMENT SUMMARY

Section 1 – Registration Fee Total (Bring forward from first page)

\$ _____

PREPAYMENT MUST ACCOMPANY REGISTRATION

***Food Functions A La Carte Selection for ONLY Spouse/Guest and Children under 12**

Saturday Reception	\$ 50	x	_____	=	\$ _____
Monday Lunch	\$ 60	x	_____	=	\$ _____
Monday Reception/ Dinner	\$ 100 (\$50 child)	x	_____	=	\$ _____

Section 2 - Optional Activities Fee Total

\$ _____

SECTION 1 & 2 TOTAL FEES

\$ _____

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 or Fax to (202) 624-2425.

CANCELLATIONS/REFUNDS/QUESTIONS: Meeting registration cancellations received prior to **Friday, January 16, 2015** will be refunded, less a \$175 administrative/cancellation fee. A \$20 administrative fee will be assessed on optional activities (sports/tours) which are cancelled before **Friday, January 16, 2015**. No refunds will be issued after Friday, January 16, 2015. All cancellations and requests for refunds must be submitted in writing to acliconference@acli.com.

Direct all inquiries to ACLI registration. Telephone: (202) 624-2424 or Fax: (202) 624-2425

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10/30/14