

Medical Section Annual Meeting

Co-Sponsored by



February 20–23, 2016

THE FOUR SEASONS HOTEL HOUSTON
HOUSTON, TX

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	

SECTION 1 – REGISTRATION

	Early-Bird	
Registration	On/Before December 4	After December 4
ACLI Member	\$1,095 _____	\$1,195 _____
Non-Member	\$1,495 _____	\$1,595 _____
Underwriters	\$650 _____	\$700 _____ (online promotional code: MEDUND16)
Emeritus Member	\$300 _____	\$300 _____ (online promotional code: MEDEMT16)
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 **Four Seasons Hotel Houston, Houston, TX.** To make reservations call (800) 734-4114. To make your reservation online go to [Four Seasons Hotel Houston](#). The group rate is **\$245 single/doubles** plus applicable taxes. This block must be released by **Friday, January 22, 2016.** 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 20

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 21

7:30 AM	Breakfast	___	___
8:15 AM	Welcome Remarks	___	___
8:30 AM	Scientific Session: Changing Demographics in Suicide	___	___
9:30 AM	Scientific Session: BRCA 1&2, PALB2-What is the Mortality Risk?	___	___
10:45 AM	Scientific Session: Pancreatic Cysts & Pancreatic Cancer	___	___
11:45 AM	Scientific Session: Tuberculosis & Mycobacterium Avium Complex	___	___
1:30 PM	Space Center Houston Tour (\$80 per person) (Includes boxed lunch & transportation)	___	___

Monday, February 22

7:15 AM	Breakfast with Speaker: Space Tourism, What is the risk?	___	___
8:30 AM	Scientific Session: CML & CLL Survival	___	___
9:30 AM	Scientific Session: Ovarian Masses	___	___
10:45 AM	Scientific Session: Genetic Profile of Tumors – Useful, if not, when?	___	___
12:00 PM	Lunch & Business Section Meeting	___	___
1:30 PM	Scientific Session: Pediatric Malignancy – Long-Term Follow up	___	___
2:30 PM	Scientific Session: Hypertrophic & LV Non Compaction	___	___
3:45 PM	Scientific Session: Pandemics MERS, SARS, Bird Flu & Ebola	___	___
6:00 PM	Reception and Dinner	___	___

Tuesday, February 23

7:00 AM	Breakfast	___	___
8:00 AM	Scientific Session: CABG v. Stenting v. Medical Rx (PCSK9)	___	___
9:00 AM	Scientific Session: Long Term Risk of Biologics	___	___
10:15 AM	Medical Issues Committee	___	___

FEE SUMMARY

Activity	Details and cost	Fee	No. of participants	Total
Space Center Houston Tour	\$80 per person	___	___	\$ ___
Subtotal	Optional activities	___	___	\$ ___
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 or Fax to (202) 624-2425.

CANCELLATIONS/REFUNDS/QUESTIONS: Meeting registration cancellations received prior to **Friday, January 15, 2016** will be refunded, less a \$175 administrative/cancellation fee. A \$25 administrative fee will be assessed on optional activities (sports/tours) which are cancelled before **Friday, January 15, 2016**. No refunds will be issued after Friday, January 15, 2016. All cancellations and requests for refunds must be submitted in writing to acliconference@acli.com.

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

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