

2007 Annual Spring Meeting Registration Form

Complete this registration form, make check payable to American Bankruptcy Institute and return to: ABI, 44 Canal Center Plaza, Suite 404, Alexandria, VA 22314, ATTN: ASM07.
If paying by credit card, FAX to (703) 739-1060.

Name _____

Firm/Company _____

E-mail _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

1. Conference Rates

	<u>Early Bird</u> (postmarked by 1/26/07)	<u>Regular</u> (1/27/07–3/23/07)	<u>Late</u> (after 3/23/07)
ABI Member	<input type="checkbox"/> \$795	<input type="checkbox"/> \$895	<input type="checkbox"/> \$995
ABI Govt./Academic Member	<input type="checkbox"/> \$345	<input type="checkbox"/> \$395	<input type="checkbox"/> \$445
Non-member*	<input type="checkbox"/> \$995	<input type="checkbox"/> \$1095	<input type="checkbox"/> \$1195
Govt./Academic Non-member*	<input type="checkbox"/> \$440	<input type="checkbox"/> \$490	<input type="checkbox"/> \$540

*Includes one-year ABI membership for first-time members only—a \$250 value! You must be an ABI member to attend. Membership is individual and nonrefundable. If your membership has expired, select the member rate and add in your membership renewal fee (see below).

2. Continuing Education Credit

CLE/CPE Credit State(s) _____ Bar No. _____
(circle one)

3. ABI Endowment Fund (Optional)

Yes, I'd like to contribute to the ABI Endowment Fund.

\$50 \$100 \$250 Other \$ _____

Yes, I'd like to make a pledge. Please contact me regarding billing.

4. Guest Information (If Applicable)

1. Guest Name _____

2. Guest Name _____

3. Guest Name _____

Please attach additional page if more than 3 guests

5. ABI Annual Membership Renewal (Optional)

Regular \$250 \$ _____

Govt./Academic/Nonprofit \$95 \$ _____

6. Optional Events

	<u>Price</u>	<u>Self</u>	<u>Guest 1</u>	<u>Guest 2</u>	<u>Guest 3</u>	<u>Subtotal</u>
Opening Reception	\$65	*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
IWIRC Luncheon						
(IWIRC members)	\$65	<input type="checkbox"/>	n/a	n/a	n/a	_____
(IWIRC non-members)	\$75	<input type="checkbox"/>	n/a	n/a	n/a	_____
Friday Luncheon with Chris Gardner		*	n/a	n/a	n/a	_____
Baltimore Orioles Baseball Game	\$85	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Women's Networking Reception	\$35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Capitol Steps	\$35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Saturday Luncheon with John Ashcroft	\$55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Final Night Gala Dinner						
and Concert with Hall & Oates	\$95	<input type="checkbox"/>	n/a	n/a	n/a	_____
Final Night Gala Dinner						
and Concert GUEST	\$125	n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nuts & Bolts Course with ASM Registration						
	\$150	<input type="checkbox"/>	n/a	n/a	n/a	_____
						\$ _____

* No cost to registrant. Please attach additional page if more than 3 guests.

7. Nuts & Bolts Registration Only

\$325 \$ _____

8. Payment

TOTAL \$ _____

Check payable to American Bankruptcy Institute enclosed.

Charge to Credit Card   

Acct. No. _____

Exp. Date _____ Signature _____

Register online at www.abiworld.org/ASM07