

2006 Mid-Atlantic Registration

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: MA06.
 If paying by credit card, FAX to (703) 739-1060.

Name _____ Nickname _____

Name of Guest(s) _____

Firm/Company _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Mid-Atlantic Conference Rates

	Early Bird <small>(postmarked by 6/23/06)</small>	Regular <small>(6/24/06–7/14/06)</small>	Late <small>(postmarked after 7/14/06)</small>
ABI Member	<input type="checkbox"/> \$495	<input type="checkbox"/> \$545	<input type="checkbox"/> \$595
ABI Govt./Academic Member	<input type="checkbox"/> \$295	<input type="checkbox"/> \$345	<input type="checkbox"/> \$395
Non-member*	<input type="checkbox"/> \$695	<input type="checkbox"/> \$745	<input type="checkbox"/> \$795
Govt./Academic Non-member*	<input type="checkbox"/> \$390	<input type="checkbox"/> \$445	<input type="checkbox"/> \$490

*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).

Optional Events

	# Tickets		Total
Opening Reception	_____	(no cost to registrant)	
Opening Reception Guest	_____	X \$40	\$ _____
Crab Feast & Outdoor BBQ	_____	(no cost to registrant)	
Crab Feast Guest	_____	X \$85	\$ _____
Crab Feast Child under 7	_____	free	\$ _____
Crab Feast Child 7–14	_____	X \$35	\$ _____
Tennis Tournament	_____	X \$40	\$ _____
Golf Tournament	_____	X \$125	\$ _____
Handicap(s) _____			
Sporting Clays Tournament	_____	X \$35	\$ _____

ABI Membership Join/Renewal *(Optional)*

Regular	_____	X \$250	\$ _____
Govt./Academic/Nonprofit	_____	X \$95	\$ _____

Continuing Education Credit


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

ABI Endowment Fund

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.

Payment

TOTAL \$ _____

Check payable to American Bankruptcy Institute enclosed.   

Acct. No. _____ Exp. Date _____ Signature _____

**Questions? Call ABI at (703) 739-0800, e-mail meetings@abiworld.org,
 or visit ABI World at www.abiworld.org/MA06 and register online! Fax credit card orders to
 (703) 739-1060, or send completed registration form and payment to:**

**American Bankruptcy Institute
 44 Canal Center Plaza, Suite 404, Alexandria, VA 22314 Attn: MA06**