## **Registration Form / Bulletin d'inscription**





**BOSTON 15-16.06.2012** 

To be returned to: Judy Lane Consulting (JLC) – Esther Meneses – PO Box 5098 Broadstone BH18 9WG – UK – Tel: + 34 654 639 139 – Fax: + 34 933 807 486 E-mail: esther@judylaneconsulting.com – Or register online at www.aija.org

Complete in block capitals or attach a business card		
AIJA Member ABA SIL Member Nr:		
First and last name:	Title:	
Law firm:		
Address:		
Zip Code: City:		
Tel.:	Fax:	
E-mail:	Website:	
Date of birth:	Gender: F M	
Accompanying person(s):		
First AlJA event? Yes No First ABA SIL event? Yes	No Special dietary requirements:	
Delegate:	Acc. pers:	
Registration Fees	< 14.05.2012 >= 14.05.2012	
Speaker	USD 580 USD 580	USD
AIJA/ABA Member < 35	USD 580 USD 770	USD
AlJA/ABA Member >= 35	USD 655 USD 770	USD
Non member < 35	USD 695 USD 880	USD
Non member >= 35	USD 770 USD 880	USD
In-House counsel	USD 580 USD 770	USD
Accompanying person	USD 220 USD 220	USD
Optional:		
Thursday dinner	(to be paid on spot)	
Saturday dinner	(to be paid on spot)	
☐ Donation to / à / SOS Avocats		USD
☐ Donation to / à Scholarship Fund		USD
TOTAL		uco
TOTAL		USD
l attach proof of payment by bank transfer to account no. The payee is not liable for any charges.  ING – Agence Cavell – Rue Edith Cavell 32 – Uccle – Belgium  Account number: 363-0708347-93 – IBAN: BE98 3630 7083 4793 – SWIFT: BBRU BE BB – Ref: AIJA/ABA SIL BOSTON + NAME PARTICIPANT  No cheques – No bank drafts / Les chèques ne sont pas acceptés		
PAYMENT VISA / MASTERCARD		
I authorise AIJA to debit my credit card (Visa/Mastercard/) with the amount		
Name of the card holder:		
Credit card Number:	Exp. Date:	
Security Code:		
Cancellation: carefully read our cancellation policy in the administration	section	
Accommodation: Booking must be made directly with the hotel.  Yes No Full authorization to print my details on the list of partic  Ye No Full authorization to forward my details to a sponsor.	ipants.	
For non-members only:  Full authorization for AIJA to send programs of the future events by email.  Full authorization for ABA SIL to send programs of the future events by email.	ail.	
Date Signature		