

2006 AIPLA ANNUAL MEETING REGISTRATION FORM

Thursday-Saturday

October 19-21

Marriott Wardman Park Hotel

Washington, DC

MAIL:
Wachovia
Lockbox 759062
AIPLA
P.O. Box 759062
Baltimore, MD 21275

OVERNIGHT MAIL:
Wachovia
Lockbox 759062
AIPLA
7175 Columbia Gateway Dr.
Columbia, MD 21046

FAX: 703-412-1304
(Faxed registrations MUST be accompanied by credit card information).

REGISTER ONLINE:
Go to www.aipla.org
Credit Card Payment Only



CANCELLATION DEADLINE:
No refund of *any fee or credit* will be given for cancellations after **October 10, 2006.**

*To get the member rate, please submit a membership application and payment with this registration. To obtain a membership application, please visit our website at www.aipla.org.

Member ID _____

First Name: _____ Last Name: _____

Firm/Company _____

Mailing Address _____

City/State/Zip Code _____

Telephone _____ E-mail _____

(Spouse/Guest) Name _____

REGISTRATION FEES

| | | |
|---|-------|-------------|
| <input type="checkbox"/> AIPLA Member | \$605 | |
| register by 10/05/06 and take \$100 off the fee (pay only \$505). | | \$ _____ |
| <input type="checkbox"/> Non-Member* | \$890 | |
| register by 10/05/06 take \$100 off the fee (pay only \$790). | | \$ _____ |
| <input type="checkbox"/> Membership Drive Discount (see member flyer to calculate) | | \$(_____) |
| <input type="checkbox"/> AIPLA Student Member Rate | \$55 | \$ _____ |
| <input type="checkbox"/> Government Employee/AIPLA Academic Member Rate | \$70 | \$ _____ |

EVENT FEES

THURSDAY

| | | | | | | |
|---|-------|---|---|-------|----|-------|
| Spouse/Guest— <i>National Portrait Gallery with Afternoon Tea</i> | \$110 | x | # | _____ | \$ | _____ |
| Luncheon-Speaker— TBD | \$49 | x | # | _____ | \$ | _____ |
| Opening Night Reception | \$45 | x | # | _____ | \$ | _____ |

FRIDAY

| | | | | | | |
|--|-------|---|---|-------|----|-------|
| Spouse/Guest— <i>International Spy Museum</i> | \$60 | x | # | _____ | \$ | _____ |
| Luncheon— The Honorable Arthur J. Gajarsa | \$54 | x | # | _____ | \$ | _____ |
| Dinner & Entertainment – The Four Tops | \$159 | x | # | _____ | \$ | _____ |

SATURDAY

| | | | | | | |
|---------------------------|------|---|---|-------|----|-------|
| Networking Luncheon | \$55 | x | # | _____ | \$ | _____ |
|---------------------------|------|---|---|-------|----|-------|

FOOD RESTRICTIONS/REQUESTS: _____

TOTAL AMOUNT \$ _____

FOR INFORMATION PURPOSES ONLY, SO THAT WE MAY BETTER ALLOCATE ROOM LOCATIONS, PLEASE INDICATE WHICH TRACK YOU MAY ATTEND.

Thursday, October 19, 2006

| | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> AM Track 1 | <input type="checkbox"/> PM Track 1 |
| <input type="checkbox"/> AM Track 2 | <input type="checkbox"/> PM Track 2 |
| <input type="checkbox"/> AM Track 3 | <input type="checkbox"/> PM Track 3 |

Friday, October 20, 2006

| | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> AM Track 1 | <input type="checkbox"/> PM Track 1 |
| <input type="checkbox"/> AM Track 2 | <input type="checkbox"/> PM Track 2 |
| <input type="checkbox"/> AM Track 3 | <input type="checkbox"/> PM Track 3 |

Saturday, October 21, 2006

Plenary Session

PLEASE NOTE THAT THIS TRACK SELECTION IS FOR INFORMATION ONLY. YOU ARE FREE TO ATTEND SESSIONS OTHER THAN THOSE INDICATED ABOVE.

METHOD OF PAYMENT

Check Enclosed (Make checks payable to: **AIPLA**)

Credit Card (Please circle one—AMEX, MC, or VISA)

Card Number _____

Exp. Date _____

Name on Card _____

Signature _____