



INTER-AMERICAN BAR ASSOCIATION

1940 - 2010

*The Inter-American Bar Association and the
Inter-American Bar Foundation cordially invite you
to an evening of entertainment at their*

70TH ANNIVERSARY GALA DINNER

SATURDAY, MAY 15, 2010

Cocktails: 6:00 p.m. - Dinner and Dance: 7:00 p.m.

Renaissance Mayflower Hotel

1127 Connecticut Avenue N.W., Washington, D.C., 20036

KEYNOTE SPEAKER:

H.E. Jose Miguel Insulza

Secretary General, Organization of American States

INDIVIDUAL SEATS: \$180 per person (black tie)

R.S.V.P. by April 23, 2010

*Please call the office or e-mail iaba@iaba.org to reserve your seat(s)
You can pay by credit card (Visa/MC/AE) or by sending a check payable to:
The Inter-American Bar Foundation*

1211 Connecticut Avenue, N.W., Ste. 202, Washington, D.C., 20036

CORPORATE SPONSORSHIP/GROUP TABLES:

Please contact Mark Atwood at 202- 463-2500 or e-mail: matwood@sherblackwell.com



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1211 Connecticut Avenue, N.W. Ste. 202, Washington, D.C. 20036

IABA Gala 70th Anniversary - May 15, 2010

HOTEL RESERVATION FORM

(PLEASE COMPLETE THIS FORM AND SEND IT DIRECTLY TO THE HOTEL – print or type in block letters)

◆ **THE MAYFLOWER, a Renaissance Hotel**

1127 Connecticut Avenue, N.W., Washington, DC 20036

Phone: (202) 347-3000 Fax: 202-776-9184

USA (800) 228-9290 E-mail: wasshreservationsteam@renaissancehotels.com

▶ **SINGLE and DOUBLE ROOMS**

US\$189.00 + state and local taxes (14.5%)

▶ **ONE BEDROOM SUITES**

US\$289.00 + state and local taxes (14.5%)

Please identify yourself as a member of the Inter-American Bar Association in order to receive the special group rate.

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Tel: _____ Fax: _____ E-mail: _____

Room Category: Single Double

Check-in Date: _____ Check-out Date: _____

If you have a special requirement for your room, please contact the hotel directly

To guarantee your room reservation, please indicate your credit card information below:

Type of Credit Card:

VISA

MASTERCARD

AMEX

Credit Card No.: _____

Expiration Date: _____

Name: _____

Signature: _____ Date: _____

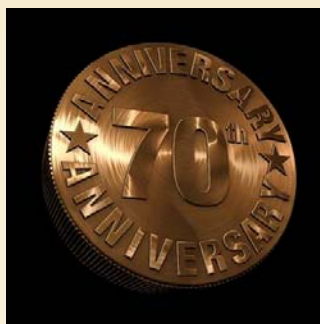
IMPORTANT NOTES:

- To guarantee your reservation, send this form before **Friday, April 30, 2010** directly to the hotel and indicate a valid credit card number.
- Any reservation made after **April 30, 2010** will be subject to availability and cannot be guaranteed at the special IABA rate.
- As a limited number of rooms have been blocked at the hotel, availability cannot be guaranteed once the room block is full. (We recommend you place your reservation as soon as possible.)
- **Cancellation Policy:** To receive a full refund, all cancellations must be sent directly to the hotel 24 hours prior to arrival, to be considered under hotel policies.

SPONSORS

Our special thanks to:

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