



IABA'S XLVIII Annual Conference

Isla Margarita 2012



PRE- REGISTRATION FORM

(Type or print in block letters)

XLVIII CONFERENCE - Isla Margarita, Venezuela

June 5-9, 2012

HEADQUARTERS HOTEL: HESPERIA ISLA DE MARGARITA

Full Name: _____

Address: _____

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

Tel: _____ Fax: _____

E-Mail: _____

Companion's Name: _____

LAWYERS AND STUDENTS FROM OTHER COUNTRIES

Category	Before April 13, 2012	After April 13, 2012
Individual Members of the IABA	US\$ 605.00	US\$ 705.00
Companions	US\$ 405.00	US\$ 505.00
Young Lawyers *	US\$ 455.00	US\$ 555.00
Foreign Law Students **	US\$ 150.00	US\$ 180.00

- * IABA Junior Members and IABA Young Lawyers Section (cannot be older than 35 years of age).
- **Includes participation in academic programs, welcome cocktail and social events with no ticket required.
- With regard to the Closing Dinner, Foreign Law Students may participate at no additional cost if they are staying at the Hotel Hesperia Isla Margarita. Otherwise, they must purchase a ticket to attend the Closing Dinner.
- The registration fee for individual members of the IABA includes participation in academic programs, a briefcase with supporting materials, social events not requiring an entrance ticket, and shuttle service to social events.

Inter-American Bar Association

1211 Connecticut Avenue, N.W., Suite 202, Washington, D.C. 20036
Phone: (202) 466-5944, Fax: (202) 466-5946, Email: iaba@iaba.org - www.iaba.org



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- The registration fee for spouses and companions of individual IABA members includes entrance to all social events not requiring a ticket.

FORM OF PAYMENT FOR PRE-REGISTRATION

Make check or Money Order payable to **Inter-American Bar Association**, or pay by credit card (Visa, MasterCard, or American Express). Send payment with completed registration form by mail or fax to:

1211 Connecticut Avenue, NW, Suite 202, Washington, DC 20036-2712, USA
Tel: (202) 466-5944; Fax: (202) 466-5946; E-mail: iaba@iaba.org

TOTAL PRE-PAID: US\$ _____

() By Check: Check No. _____

() By Credit Card*

*Card No. _____

Expiration Date: _____ Security Code _____

VISA _____ MASTERCARD _____ AMERICAN EXPRESS _____

Cardholder's Name (Printed): _____

**For your safety, this data is securely processed with full and complete confidentiality by the IABA office.*

Signature: _____

Date: _____

CANCELLATION: All cancellations are charged a fee of 20% and must be submitted in writing, email or by fax no later than **APRIL 13, 2012**. **No refunds will be given after that date.**