



**INTER-AMERICAN BAR ASSOCIATION  
UNIVERSITY OF MIAMI, THE INTERNATIONAL LAW SECTIONS OF THE ABA AND FLORIDA BAR**

**“Seminar on Establishing and Protecting your Investment in the United States”  
Miami, Florida, March 8, 2008**

**PRE –REGISTRATION FORM**

(Please type or print in block letters.)

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip code: \_\_\_\_\_ Country: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Companion’s Name(s): \_\_\_\_\_

**REGISTRATION FEES**

<b>Category</b>	<b>Through February 11 , 2008</b>	<b>After February 11, 2008</b>
IABA Individual Members	US\$ 120.00	US\$ 150.00
IABA Young Lawyers *	US\$ 100.00	US\$ 120.00
Law Students**	US\$ 50.00	US\$ 75.00
Non IABA Members	US\$ 150.00	US\$ 180.00

\* IABA Junior Members and Members of the IABA Young Lawyers Section (No older than 35 years)

\*\* Law Student fees only include participation in the academic program

Registration fees for IABA individual members include participation in the academic programs and the social event.

**FORM OF PAYMENT FOR PRE-REGISTRATION**

Make check or money order payable to **Inter-American Bar Association**, or through a 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; -  
Fax: 202-466-5946 ♣ E-mail: iaba@iaba.org**

**TOTAL PRE-PAID**                      US\$ \_\_\_\_\_

( ) By Check:                              Check No. \_\_\_\_\_

( ) By Credit Card                        Card No. \_\_\_\_\_

Expiration Date: \_\_\_\_\_

VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ AMERICAN EXPRESS \_\_\_\_\_

**Cardholder’s Name (Printed):** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CANCELLATIONS:** All cancellations are subject to a 20% administration charge and must be submitted to the IABA in writing by mail, e-mail or fax, **no later than February 15, 2008. No refunds will be given after that date.**



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**HOTEL RESERVATION FORM**

**◆ THE WESTIN COLONNADE CORAL GABLES**

**180 Aragon Avenue, Coral Gables, Florida 33134**

ROOM - (Single or Double) US\$ 279.00  
*Sales tax (13%) is not included in hotel rates.*

PLEASE FILL OUT THIS FORM - Print or type in block letters

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Country: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

1. Room category:  Single Room  Double Room

2.  Smoking room  Non Smoking room

Check in Date: \_\_\_\_\_ Check out Date: \_\_\_\_\_

***To guarantee your hotel reservation, your credit card will be charged for the first night***

Indicate type of card:

VISA

MASTERCARD

AMEX

Credit Card No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Security Code \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SEND THIS FORM BY FAX OR E-MAIL DIRECTLY TO:

**The Westin Colonnade Hotel**

**Attn: Shirley McGovern**

**Fax: 305-444-9706 or call to Tel: 305-441-2600**

**E-mail: smcgovern@westincoralgables.com**

**IMPORTANT NOTES:**

- To guarantee your reservation, send this form before **February 7, 2008** directly to The Westin Colonnade Hotel, and a valid credit card number.
- Any reservation made after **February 7, 2008** 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 block of rooms is full.
- At the time your reservation is confirmed, your credit card will be charged for the first night.
- **Cancellation Policy:** You may cancel your reservation for no charge before **March 6, 2008**. Cancellations received after that date will be charged with one night rate.
- **Sales tax (13%) is not included in hotel rates.**