

## **2017 ACC ANNUAL MEETING**

Walter E. Washington Convention Center 
Washington, DC

## October 15-18 • am.acc.com

### 1. REGISTRANT INFORMATION

| MEMBER NUMBER (Optional):   |  |  |   | 3. PAYMENT   |                     |  |
|---|--|--|---|--|---------------------|--|
| ☐ MR. ☐ MS. FIRST NAME  |  |  |   | Please do not send this form without payment. You will not be registered to attend until payment has been processed. Do not consider your registration complete until you have received email confirmation from ACC. |                     |  |
| LAST NAME   |  |  |   | □ Check (make payable to ACC's Annual Meeting)   |                     |  |
|   |  |  |   | □ Visa □ Mastercard □ AmEx □ Discover  |                     |  |
| BADGE NICKNAME  |  |  |   |  |                     |  |
| JOB TITLE   |  |  |   | CARD NUMBER  |                     |  |
|   |  |  |   | SECURITY CODE (3 OR 4 DIGITS DEPENDING ON CARD TYPE)   |                     |  |
| ORGANIZATION  |  |  |   |  |                     |  |
|   |  |  |   | EXPIRATION DATE  |                     |  |
| STREET ADDRESS  |  |  |   | CARDINOLDERS NAME  |                     |  |
| CITY  |  |  |   | CARDHOLDER'S NAME  |                     |  |
|   |  |  |   | CARDHOLDER'S SIGNATURE   |                     |  |
| STATE/PROV. POSTAL CODE COUNTRY   |  |  |   | 4. CLE/CPD   |                     |  |
| PHONE   |  |  |   | ACC will apply for credit approval in all jurisdictions with mandatory CLE/CPD.  Depending on the jurisdiction, sessions may or may not be approved for credits (general and special).                               |                     |  |
| EMAIL   |  |  |   | ☐ I do not need CLE/CPD credits.   |                     |  |
|   |  |  |   | ☐ I need CLE/CPD credits and have provided my jurisdiction(s) and bar number(s):   |                     |  |
| ASSISTANT'S EMAIL   |  |  |   | , , , , , , , , , , , , , , , , , , ,  |                     |  |
| <ul><li>Update my members</li><li>2. RATES</li><li>Registration is limited to</li></ul>   |  |  | rses, written materials, and  | JURISDICTION BAR NUMBER  |                     |  |
|   |  |  | vel, or personal expenses.  | JURISDICTION BAR NUMBER  |                     |  |
| Rate Type   | Register                                   | By ACC Members   | Nonmembers  | JURISDICTION BAR NUMBER  |                     |  |
| Early Bird Registration   | March 2                                    | 2 \$1,525  | □ \$1,860¹  |  |                     |  |
| Regular Registration  | Septembe                                   | r 13 📮 \$1,725   | □ \$2,060¹  | 5. CCB/CPE   |                     |  |
| Last Chance Registration  | October                                    | 18 🖫 \$1,825   | \$2,1601  | Indicate your need for CCB/CPE credits below: ☐ I need CCB credits (CCEB Certification) ☐ I need CPE credits (CIPP Certification)  |                     |  |
| Day Pass - Monday   | October                                    |  | □ \$1,075²  |  |                     |  |
| Day Pass - Tuesday  | October                                    |  | □ \$1,075²  | 6. SPECIAL REQUIREMENTS/QUESTIONS  |                     |  |
| Day Pass - Wednesday October 18   |  |  |   |  |                     |  |
| membership and meeting  | g registratio                              | n will be confirmed per  | iding approval of eligibility.  | Clinic in a Box* Program - Hosted by Corporate Pro Bono (CP  | PRO)                |  |
| <sup>2</sup> Day pass registrants must be eligible for ACC membership; Membership not included. For information on group rates and scholarships, please visit am.acc.com. |  |  |   | ☐ Yes, I am interested in participating in the Clinic in a Box® Program. I understand a  Corporate Pro Bono staff member will contact me with additional information.  |                     |  |
| cannot be cancelled over  | s must be r<br>the telephor<br>refunded th | ne. Cancellations for reg<br>e \$335 membership fee  | ancel@acc.com. Registrations<br>strations processed at the non-<br>included with the registration | Spouse/Guest Registration A guest is a spouse or significant other, friend, or relative who is not not qualified to become a member, and does not work in an industry  | a member of ACC, is |  |
|   |  |  | cy dates below, no exceptions   | ☐ Yes, I would like to bring my spouse/a guest. I understand that he   |                     |  |
| Written cancellation received:  By September 13   |  | Credit/Refund issued:  Full refund of monies paid, minus \$150 administrative fee              |   | able to attend evening receptions. A Spouse/Guest cannot attend any other meal functions, programs or enter the Exhibit Hall at any other time. <b>The registration fee</b>  |                     |  |
|   |  | No refunds. 100% credit of monies paid applied to future                                       |   | is \$125/ guest (limit 1). His/her name is:  |                     |  |
| September 14 - September 30   |  | ACC HQ in-person education program <sup>3</sup>  |   | FIRST LAST   |                     |  |
| October 1 - October 14  |  | No refunds. 50% credit of monies paid applied to future<br>ACC HQ in-person education program³ |   | New ACC Members and/or First Time Attendees, please check here:  New Member  |                     |  |
| October 15 and after  |  | No refunds, no credit  |   |  |                     |  |
|   |  |  | person educational programs:<br>018 Mid-Year Meeting, 2018  | 7. HOW DID YOU HEAR ABOUT THIS M   | EETING?             |  |

# Law Department Leadership 2.0, 2018 Legal Service Management Workshop. Credit may not be used towards any other educational programs not included above. Credit may not be divided among programs and any remaining funds following credit application will be forfeited. Credit may be transferred to an eligible attendee from the same organization, but written notification of transfer (via cancel@acc.com) must be received from the original purchaser in order for the credit to be valid. Credit will expire October 31, 2018.

ATTENDEE SUBSTITUTIONS Substitute attendees (from the same organization and eligible to attend) are always welcome. Please email or fax your request, along with a completed registration form for the substitute attendee, to **education@acc.com** or +1 202.293.4701.

Your mailing address will be disseminated to Annual Meeting sponsors for promotions only related to this meeting, unless you opt-out. In no event will ACC share your phone, fax or email address with these sponsors. ■ Opt-out.

Your registration and attendance at this event indicates your consent to be filmed and to the use of your image, without payment of any kind, for use in program(s) and for other promotional editorial activities of the Association of Corporate Counsel for future use in any and all media, now known or hereafter created.

#### SUBMIT COMPLETED FORM AND PAYMENT VIA:

FAX: +1 202.293.4701, or

■ ACC postcard

□ ACC web site □ ACC Member e-communication

 $\square$  ACC Chapter Event (please specify): \_\_\_ ☐ ACC Committee (please specify): \_\_\_\_ ☐ ACC Member/Colleague: \_\_\_\_

☐ ACC Docket

☐ Referred by: \_\_\_\_

MAIL: 2017 ACC Annual Meeting 1025 Connecticut Avenue NW, Suite 200 Washington, DC, 20036-5425 USA