



2017 Fall Conference

October 18-20, 2017
The Four Seasons Dallas at Las Colinas
PLAC CORPORATE ATTENDEES

PAYMENT INFORMATION

 Name (as it should appear on name badge)

 Spouse/Companion Name (as it should appear on badge)

 Company

 Address

 City State Zip

() _____ () _____
 Phone Fax

 Email Address

☐ Enclosed is a check for \$ _____
 made payable to PLAC

☐ Please charge \$ _____ to

☐ Visa ☐ MasterCard
☐ American Express

Card #: _____

CCV #: _____ Exp. Date: _____

Name on Card: _____

Signature: _____

SEND PAYMENT

By Fax: (703) 264-5301 (credit card payments only)

By Mail: Product Liability Advisory Council
 Attn: Conference Registration
 1850 Centennial Park Drive, Suite 510
 Reston, VA 20191-1517

MEMBER REGISTRATION FEES

	Until 9/27	After 9/27
Wed Only	<input type="checkbox"/> \$295	<input type="checkbox"/> \$295
Thur/Fri Only	<input type="checkbox"/> \$295	<input type="checkbox"/> \$295
Full Conf (Wed–Fri)	<input type="checkbox"/> \$295	<input type="checkbox"/> \$295
Spouse/ Companion	<input type="checkbox"/> \$250	<input type="checkbox"/> \$295

The Member registration fee includes conference materials and conference meals. The Spouse/Companion fee includes the Welcome Reception on Wednesday, breakfast, cocktail reception and dinner on Thursday, and breakfast on Friday.

CANCELLATION POLICY

To cancel a registration, please send a written request to Kim Condon, Director of Membership, at kcondon@plac.com. A full refund will be provided only for written requests received on or before September 29, 2017. **NO REFUNDS WILL BE GIVEN AFTER SEPTEMBER 29, 2017.**

EMERGENCY CONTACT INFORMATION

Please provide us with information for the person we should contact in case of an emergency.

 Name & Relationship

 Telephone Number

Office Use Only

Authorization Code _____
 Transaction Code _____
 Personal Check _____ Company Check _____
 Batch Number _____