

**Registration Form (September 30–October 2 at the Hyatt Regency Bonaventure Conference Center in Weston)**

Please type or print legibly

( ) ( )

First Name \_\_\_\_\_ Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Last Name \_\_\_\_\_ E-Mail Address (Required for Confirmation of Registration and Payment Receipt) \_\_\_\_\_

Professional Certification or Title \_\_\_\_\_ Fund Member # or Fund Customer # (non-member) \_\_\_\_\_

Nickname for badge \_\_\_\_\_

Firm Name or Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Please describe any disability related needs or special dietary requests: \_\_\_\_\_

**Attendee Registration Fees**

Registration fee includes all educational sessions, conference materials, and meals.  
 Member Registration Categories are applicable to Affiliate Member, Fund Member, and Employee of a Fund Member.

Check proper box:

- Affiliate Member    Fund Member    Employee of a Fund Member    Speaker    Special Guest    Non-member
- Member Registration - Discount for Multiple Registrants of a Fund Member Firm (Deadline to Register is September 16)   **\$175**    Non-member Advance Registration Multiple Discount Not Available (Deadline to Register is September 16)   **\$250**
- Member Advance Registration (Deadline to Register is September 16)   **\$195**    Non-member Late Registration (Available On-site)   **\$300**
- Member Late Registration (Available On-site)   **\$250**

**\$20 Discount Off Published Advanced Registration Pricing is Available Online at [www.thefund.com/affiliateassembly](http://www.thefund.com/affiliateassembly). (No discount for late registration.)**

**Note: Please confirm your attendance at the following meal functions so that we may plan for your participation:**

- Thursday Reception    Friday Breakfast    Friday Lunch    Friday Reception    Saturday Breakfast    Not Attending Meals

**Spouse/Guest Ticket Request**

Spouse/Guest Name \_\_\_\_\_ Nickname for badge \_\_\_\_\_

Thursday Reception   \$45 per guest   \_\_\_ # of tickets   \$ \_\_\_\_\_

Friday Breakfast   \$30 per guest   \_\_\_ # of tickets   \$ \_\_\_\_\_

Friday Lunch   \$40 per guest   \_\_\_ # of tickets   \$ \_\_\_\_\_

Friday Reception   \$50 per guest   \_\_\_ # of tickets   \$ \_\_\_\_\_

Saturday Breakfast   \$30 per guest   \_\_\_ # of tickets   \$ \_\_\_\_\_

**Spouse/Guest Ticket Request Subtotal** ..... \$ \_\_\_\_\_

**Attendee Registration Fee** ..... \$ \_\_\_\_\_

**Total Payment** ..... \$ \_\_\_\_\_

(The Fund does not provide childcare services. Please check with your hotel for more information about children’s activities and baby-sitting services.)

**Payment Options      Required Information for Credit Card Payment**

Check enclosed

Please make check payable to:  
**Attorneys’ Title Fund Services, LLC**

**Mail to:**  
**Attorneys’ Title Fund Services, LLC**  
**Affiliate Assembly Registration**  
**P.O. Box 628601**  
**Orlando, FL 32862-8601**  
**Fax: (407) 240-3834**

**Online Registration:**  
<http://www.thefund.com/affiliateassembly>

Please charge my credit card:

MasterCard®    Visa®    American Express®   **TOTAL AMOUNT**  
 \$ \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Print name as it appears on card \_\_\_\_\_ Cardholder’s Signature \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

<b>Fund Use Only</b>				
Date	Check #	\$ Amt. Due	\$ Amt. Paid	\$ Bal. Due