

Registration Form (September 22–24 at the Hyatt Regency Bonaventure Conference Center in Weston)

Please type or print legibly

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 First Name _____ Phone # _____
 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 _____
 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 Firm.

- Member Early Bird Special September 1 Deadline \$275 \$ _____
- Member Registration After September 1 deadline through September 14 \$325 \$ _____
(Daily registration available on-site at Hyatt Regency Bonaventure)
- Non-Member Early Bird Special September 1 Deadline \$425 \$ _____
- Non-Member Registration After September 1 deadline through September 14 \$475 \$ _____
(Daily registration available on-site at Hyatt Regency Bonaventure)

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 Dinner Party Saturday Breakfast Not Attending Meals

Spouse/Guest Ticket Request

Spouse/Guest Name _____ Nickname for badge _____

Thursday Reception	\$60 per guest	___ # of tickets	\$ _____
Friday Breakfast	\$38 per guest	___ # of tickets	\$ _____
Friday Lunch	\$62 per guest	___ # of tickets	\$ _____
Friday Dinner Party	\$75 per guest	___ # of tickets	\$ _____
Saturday Breakfast	\$38 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) 854-5016

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

Please charge my credit card:
 MasterCard® Visa® American Express®

Card # _____ Security Code _____ Exp. Date _____
(3 digit on back of Visa and MC, 4 digit on front of AMEX)

Print name as it appears on card _____ Cardholder’s Signature _____

Credit Card Billing Address _____

City _____ State _____ Zip _____

TOTAL AMOUNT
 \$ _____

To register online, make hotel reservation and for complete schedule of events, visit www.thefund.com/affiliateassembly.

For other Affiliate Assembly questions, call 800-336-3863, ext.7228 or 407-240-3863, ext.7228 to speak with the Conferences & Events Coordinator.

Cancellation Policy: Cancellation deadline to receive a full refund less \$25 handling fee is Wednesday, September 14, 2011. If you cannot attend, your cancellation must be in writing and fax to (407) 854-5016.

Fund Use Only				
Date	Check #	\$ Amt. Due	\$ Amt. Paid	\$ Bal. Due