

Registration Form (September 8-10 at the Omni ChampionsGate Orlando Resort)

Please type or print legibly

()
 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 August 18 Deadline \$275 \$ _____
 Member Registration After August 18 through August 31 \$325 \$ _____
 (Daily registration available on-site at Omni ChampionsGate Resort)
 Non-Member Early Bird Special August 18 Deadline \$425 \$ _____
 Non-Member Registration After August 18 through August 31 \$475 \$ _____
 (Daily registration available on-site at Omni ChampionsGate Resort)

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, August 31, 2011. If you cannot attend, your cancellation must be in writing and faxed to (407) 854-5016.

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