

47th Annual Fund Assembly Registration Form
May 5-7, 2011
Rosen Shingle Creek Resort, Orlando, Florida
 (Please use one form per registrant. Photocopy this form for additional attendees.)



ELEVATE YOUR GAME

 First Name

 Last Name

 Nickname as you would like it to appear on your badge

 Fund Member #

 Firm Name

 Address

 City State Zip

() ()
 Telephone # Fax #

 E-mail Address (Confirmation of registration will be sent via E-mail to address provided above.)

Please describe any disability or special dietary needs that require accommodation. We will contact you to confirm arrangements and associated cost of provision, if applicable: _____

Please check the appropriate box (only one box):

- Member Agent
- Paralegal Affiliate Member
- Associate Member

Other:

- Non-Member
- Special Guest

Fund Member Premium Package: **\$575 Early Bird Special Prior to April 7, 2011** \$ _____

Registration fee and one ticket for each of the following:

- Thursday Dinner and Casino Party
- Friday Dinner and Capitol Steps Show
- Friday Plated Luncheon
- Friday and Saturday Breakfast
- Daily Self-parking

\$610 Registration Fee After April 7th Deadline through April 20 \$ _____
(Daily Registration Available On-site at Rosen Shingle Creek Resort)

Fund Member Value Package: **\$450 Early Bird Special Prior to April 7, 2011** \$ _____

Registration fee and one ticket for each of the following:

- Choice of either Thursday or Friday Dinner Party:
 - Thursday Dinner and Casino Party
 - Friday Dinner and Capitol Steps Show
 - I Will Not Attend Either Dinner Party
- Friday Box Lunch
- Daily Self-parking

\$485 Registration Fee After April 7th Deadline through April 20 \$ _____
(Daily Registration Available On-site at Rosen Shingle Creek Resort)

Non-Member Value Package: **\$750 Early Bird Special Prior to April 7, 2011** \$ _____

Registration fee and one ticket for each of the following:

- Choice of either Thursday or Friday Dinner Party:
 - Thursday Dinner and Casino Party
 - Friday Dinner and Capitol Steps Show
 - I Will Not Attend Either Dinner Party
- Friday Box Lunch
- Daily Self-parking

\$785 Non-Member Value Package After April 7th Deadline through April 20 \$ _____
(Daily Registration Available On-site at Rosen Shingle Creek Resort)

Registration Fee Subtotal \$ _____

Additional tickets for individual events may be purchased, see back of this form.

Registrant (as indicated on Page1) _____
 First Name Last Name Fund Member #

Assembly Attendee or Spouse/Guest - Additional Ticket Purchase:

Thursday Dinner and Casino Party..... \$ _____
 \$75 per adult x _____ Attendee or Spouse/Guest (including children age 12 and older)

Friday Breakfast Buffet \$ _____
 \$45 per adult x _____ Attendee or Spouse/Guest (including children age 12 and older)

Upgrade Box Lunch to Plated Luncheon \$ _____
 \$25 per adult x _____ Attendee
 Upgrade Friday Box Lunch (included with registration) to Plated Luncheon

Friday Plated Luncheon \$ _____
 \$50 per adult x _____ Attendee or Spouse/Guest

Friday Dinner and Capitol Steps Show..... \$ _____
 \$75 per adult x _____ Attendee or Spouse/Guest (including children age 12 and older)

Friday Spouse/Guest Activity \$ _____
 \$85 per adult x _____ (Hands-on Culinary Workshop)

Spouse/Guest: _____
 First Name Last Name

Nickname of Spouse/Guest as it should appear on their badge _____

Saturday Breakfast Buffet \$ _____
 \$45 per adult x _____ Attendee or Spouse/Guest

Assembly Golf Tournament - \$70 per adult x _____ Adults \$ _____
 Names and handicaps of players you are paying for above.

1. _____ Handicap _____ 2. _____ Handicap _____
 3. _____ Handicap _____ 4. _____ Handicap _____

Additional Ticket Subtotal \$ _____

Registration Fee Subtotal (from Page1)..... \$ _____

Total Amount \$ _____

Deadline to register in advance is Wednesday, April 20, 2011. After April 20, on-site registration will be available daily during the Assembly at the registration desk located in the Gatlin Ballroom of Rosen Shingle Creek Resort.

Cancellation Policy: Cancellation deadline to receive a full refund less \$25 handling fee is Wednesday, April 20, 2011. If you cannot attend, your cancellation must be in writing and faxed to (407) 854-5016. Cancellation after the April 20, 2011 deadline may apply full amount of registration payment toward purchase of audio series of CDs and conference materials.

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
Assembly Registration
P.O. Box 628601
Orlando, FL 32862-8601
Fax: (407) 854-5016

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

Please charge my credit card: _____ **TOTAL AMOUNT**
 MasterCard® Visa® American Express® \$ _____

Card # _____ Exp. Date _____

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

Credit Card Billing Address _____

City _____ State _____ Zip _____

Fund Use Only

Date	Check #	\$ Amt. Due	\$ Amt. Paid	\$ Bal. Due

Visit www.thefund.com/assembly for the complete Assembly schedule of events, hotel information and reservation. To register more individuals, please photocopy this form. For general Assembly questions, please call 1-800-336-3863.