



American College of Investment Counsel  
**ACIC ANNUAL MEETING AND EDUCATION CONFERENCE**  
**OCTOBER 18-19, 2018**  
**GRAND HYATT NEW YORK, NY**

Please print clearly (Complete a separate form for EACH registrant)  
Note, you can also register on-line at [aciclaw.org](http://aciclaw.org)

FIRST NAME	MIDDLE INITIAL	LAST NAME
BADGE NAME (IF DIFFERENT)		TITLE
COMPANY/AFFILIATION		
STREET ADDRESS		
CITY	STATE	ZIP
PHONE	FAX	

EMAIL

The attendee grants ACIC the right to take photographs in connection with the above-identified event. ACIC may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, marketing and Web content. ☐ Opt out

**EARLY DISCOUNT BY SEPTEMBER 28, 2018**

PLEASE CHECK ONE OF THE FOLLOWING:

- ☐ ACIC Member \$875\*  
☐ Non-Member: \$1125

**REGISTRATION AFTER SEPTEMBER 28, 2018**

PLEASE CHECK ONE OF THE FOLLOWING:

- ☐ ACIC Member \$925\*  
☐ Non-Member: \$1175

**DO YOU PLAN TO ATTEND THE FOLLOWING THURSDAY EVENTS**

- Luncheon ☐ Yes ☐ No  
Reception ☐ Yes ☐ No

**ARE YOU SEEKING CLE CREDITS?\*\***

- ☐ Yes ☐ No

**IF YES:**

State 1: \_\_\_\_\_ Bar # \_\_\_\_\_  
State 2: \_\_\_\_\_ Bar # \_\_\_\_\_  
State 3: \_\_\_\_\_ Bar # \_\_\_\_\_  
State 4: \_\_\_\_\_ Bar # \_\_\_\_\_

**NOTE: ATTORNEYS MUST SIGN CLE FORMS AT THE CONFERENCE AFTER EACH SESSION ATTENDED.**

- ☐ Please check here if you require special accommodations in order to fully participate in this program. Attach written description of your needs, or call 972.233.9107, ext 216.

\*2018 Membership Dues must be current to receive member rate.

\*\* Application pending in most states

For additional information on the ACIC 2018 Annual Meeting and Education Conference or about membership in the ACIC, please contact the ACIC Administrative Office:

Phone: 972.233.9107, ext 216 or Email: [office@aciclaw.org](mailto:office@aciclaw.org)

**PAYMENT METHODS**

1. Charge to a credit card (credit card users may either fax to 972.490.4219 or mail registration form with payment information. )

- ☐ AMEX ☐ VISA ☐ MASTERCARD

NAME ON CARD

CARD NUMBER

EXP. DATE

SECURITY CODE

ZIP CODE

BILLING ADDRESS (IF DIFFERENT THAN THE ADDRESS ABOVE)

CARDHOLDER'S SIGNATURE

2. Checks: Make checks payable to the  
AMERICAN COLLEGE OF INVESTMENT COUNSEL  
and send with registration form to:

American College of Investment Counsel  
14070 Proton Road, Suite 100 Dallas, Texas 75244

**NO REFUNDS AFTER OCTOBER 10, 2018.** All refund requests made prior to that date must be submitted in writing and are subject to a \$100.00 cancellation fee. Requests must be sent to the address above.