



THE FLORIDA BAR
INTERNATIONAL LAW SECTION

2016 International Law Section Retreat REGISTRATION FORM

BOCA RATON RESORT & CLUB, 501 EAST CAMINO REAL, BOCA RATON, FL 33432 (September 30 – October 2, 2016)

Please print information requested below, and fax, mail or email your form to The Florida Bar, c/o Angie Froelich, International Law Section, 651 E. Jefferson Street, Tallahassee, FL 32399-2300, afroelich@floridabar.org.

Florida Bar Number: _____

Name: _____

Guest Names: _____

Address: _____

Email: _____

DAY	EVENT	COSTS*	NUMBER ATTENDING	TOTAL
<input type="checkbox"/> Friday, September 30, 2016 (ADULT)	Friday Dinner (#8140038)	\$60	_____ please note # attending	\$ _____
<input type="checkbox"/> Friday, September 30, 2016 (CHILDREN UNDER 12)	Friday Dinner (#8140039)	\$40	_____ please note # attending	\$ _____
<input type="checkbox"/> Saturday, October 1, 2016	Committee Meeting	N/A	N/A	N/A
<input type="checkbox"/> Saturday, October 1, 2016	Plenary Session	N/A	N/A	N/A
<input type="checkbox"/> Saturday, October 1, 2016	Lunch (#8140040)	\$40	_____ please note # attending	\$ _____
<input type="checkbox"/> Saturday, October 1, 2016 (ADULT)	Saturday Dinner (#8140041)	N/A	_____ please note # attending	N/A
<input type="checkbox"/> Saturday, October 1, 2016 (CHILDREN UNDER 12)	Saturday Dinner (#8140042)	N/A	_____ please note # attending	N/A
<input type="checkbox"/> Sunday, October 2, 2016 (ADULT)	Sunday Brunch (#8140043)	\$30	_____ please note # attending	\$ _____
<input type="checkbox"/> Sunday, October 2, 2016 (CHILDREN UNDER 12)	Sunday Brunch (#8140044)	\$20	_____ please note # attending	\$ _____
* Applicable taxes are included				EVENT TOTAL \$ _____

METHOD OF PAYMENT:

☐ **Check** Mail this registration form with check made payable to The Florida Bar, International Law Section, 651 East Jefferson Street, Tallahassee, FL 32399-2300.

☐ **Credit Card** Fax, mail or email this registration form with credit card information. Fax # is (850) 561-9413.

☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐ AMEX Exp. Date: ____/____ (MO./YR.)

Signature: _____

Name on Card: _____ Billing Zip _____

Card No. _____