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CP INTERNATIONAL ASSOCIATION OF CLAIM PROFESSIONALS COMMUNICATION • EDUCATION • LEADERSHIP

U.S. REGIONAL CONFERENCE New York City THURSDAY, MAY 28, 2015

The Union League Club of New York

38 East 37th Street, New York, NY (212)685-3800





REGISTRATION FORM

Development (CPD) credit: Name: The level of the program has Name on Badge: been classified as intermediate/update: Attorney's are Company: responsible for filing directly with the Bar in their specific Address: jurisdictions. Phone: Program materials will be provide to attendees Email Address: following the outline of Alternate: requirements in most jurisdictions. Individuals are, Name on Badge: however, responsible for their own filings for CLE credit in An Employee of a Member Company An Associate/Honorary Member I am: their specific jurisdiction. The IACP does not guarantee approved CLE credits. A Non-Member **Cancellation Policy:** The cutoff date for refunds I ENCLOSE PAYMENT FOR THE FOLLOWING FEES (US Dollars only): (Less a \$50 cancellation fee) is 5 business days prior to the **IACP** Members @ \$275.00 USD per Member conference and must be Non-Members @ \$300.00 USD per Non-Member submitted in writing. **Cocktail Reception Only** @ \$125.00 Cancellation requests can be faxed to 732-920-1260. Total Enclosed: \$ **To Register:**

1. Register at www.iaclpro.org

2. Payment by Credit Card Pleas	se charge my c	redit card: \$	_
American Express	Visa	Mastercard	
Account No.:		Exp. Date:	
Cardholder's Name:			
Cardholder's Mailing Address:			
Signature:			

3. Payment by Check

Check should be made payable to International Association of Claims Professionals and mailed to:

IACP, c/o The Beaumont Group, Inc. 990 Cedar Bridge Avenue, Suite B7, PMB 210, Brick, NJ 08723-4159

Registration forms can be faxed to 732-920-1260 • For any additional information, please call 973-941-6024 or email Susan Barros at scb@thebeaumontgroup.com.

Continuing Professional