



**MAGICAL MYSTERY TOUR**  
 B.B.C. MAL Conference 2015 presents the  
 70<sup>th</sup> Annual IAIP Region IV Conference  
 April 9-12, 2015  
 Crowne Plaza – Dayton OH 45402



Your Name: \_\_\_\_\_ First Name on Badge: \_\_\_\_\_  
 Local Association: \_\_\_\_\_ Designations: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  Home  Work  
 City \_\_\_\_\_ State & Zip \_\_\_\_\_  
 Phone:  Home  Cell \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Please check here for e-mail confirmation of receipt  Check here to NOT be listed in the Program

Please check all that apply:	<input type="checkbox"/> Delegate	<input type="checkbox"/> National President	<input type="checkbox"/> Past	<input type="checkbox"/> First Timer
	<input type="checkbox"/> Alternate Delegate	<input type="checkbox"/> National Officer		<input type="checkbox"/> CWC Contestant
	<input type="checkbox"/> Member at Large	<input type="checkbox"/> RVP/Director	<input type="checkbox"/> Past	<input type="checkbox"/> State Director <input type="checkbox"/> Past
<input type="checkbox"/> Guest	<input type="checkbox"/> Association President	<input type="checkbox"/> Young/New Professional [YNP]		<input type="checkbox"/> State Director Elect
<input type="checkbox"/> DAE	<input type="checkbox"/> CPIW/CPIM/CIIP	<input type="checkbox"/> ?		<input type="checkbox"/> Speaker
Choose one for each function		First Timer's Lunch Choice:	<input type="checkbox"/> Shrimp Salad	or <input type="checkbox"/> Chicken Viola
Banquet Choice:	<input type="checkbox"/> Salmon or <input type="checkbox"/> NY Strip	President's Lunch Choice:	<input type="checkbox"/> Turkey Breast	or <input type="checkbox"/> Pork Medallions

**Registration includes Official Conference Events**  
 [Separate Tickets May Be Purchased for Special Events – Ask for Price Schedule]  
 Sign Up Early and Save!!

POSTMARK DATE:	By 2-26-2015		2-27-15/3-25-15		After 3-25-2015		
	w/Cash	Credit/Discount	w/Cash	Credit/Discount	w/Cash	Credit/Discount	
Member/Exhibitor	\$195.	\$201.	\$210.	\$216.	\$220.	\$227.	\$ _____
Additional Banquet Only	\$ 90.	\$ 93.	\$ 90.	\$ 93.	\$ 90.	\$ 93.	\$ _____
<b>Guests add \$12 to Member/Exhibitor rates</b>							
<b>TOTAL</b>							\$ _____

**MAKE CHECKS PAYABLE TO: BBC MAL CONFERENCE** - no refunds after 3-20-15 [10% service fee on all refunds]

Do you need any auxiliary aids/services under the Americans with Disabilities Act?  Yes  No  
 Menu Restrictions:  Yes  No Complete Dietary Request Form and return with this completed Registration Form.  
 Do you want YOUR State Council Director to contact you to participate in a Friday Night State Event/Dinner?  Yes  No

**Registration Deadline: April 2, 2015**  
 Send Registration Form and Check to:  
 Barb Burke  
 3895 Roxbury Avenue  
 Okemos, Michigan 48864-3623  
 Phone: 517.381.5466 Fax: 517.381.5464  
 Email: barbjohn3895@comcast.net

**Rooms in the block are released March 26, 2015**  
 For Room Reservations please contact:  
 Crowne Plaza Hotel – ID = INS  
 33 East Fifth Street – Dayton Ohio 45402  
 Toll Free: 800.227.6963 / 937.224.0800

Standard 1-4 per room Rate \$115 + taxes

**Note: Credit/Debit is via Pay Pal. Go to and complete the authorization before sending this one in:**  
[https://www.paypal.com/cgi-bin/webscr?cmd=s-xclick&hosted\\_button\\_id=5MV2A38KEKW6C](https://www.paypal.com/cgi-bin/webscr?cmd=s-xclick&hosted_button_id=5MV2A38KEKW6C)



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## ONLY FOR DIABETICS, FOOD ALLERGIES OR NOTE FROM A DOCTOR

Due to the increasing number of people on various diets, the hotel cannot accommodate everyone's individual diet needs. Only persons with severe medical conditions should complete this form.

PLEASE NOTE: We cannot guarantee any special request; the hotel may require a note from your doctor.

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Please check one of the following options:

- \_\_\_\_\_ Dairy Allergy
- \_\_\_\_\_ Lactose Intolerant i.e. milk, cheeses, yogurt, ice cream, etc.
- \_\_\_\_\_ Shellfish Allergy
- \_\_\_\_\_ Vegetarian
- \_\_\_\_\_ Eggs
- \_\_\_\_\_ Diabetic – no/low sugar desserts
- \_\_\_\_\_ Nuts; specify which kind: \_\_\_\_\_
- \_\_\_\_\_ Fruits; specify which kind: \_\_\_\_\_
- \_\_\_\_\_ Vegetables; specify which kind: \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_

**PLEASE SEND THIS FORM BACK WITH REGISTRATION AND PAYMENT  
NO LATER THAN April 2, 2015 TO**

Barb Burke  
LEININGER ASSOCIATES  
3895 Roxbury Avenue  
Okemos, Michigan 48864-3623  
Phone: 517.381.5466  
Fax: 517.381.5464  
Email: barbjohn3895@comcast.net

IF YOU HAVE ANY QUESTIONS, PLEASE feel free to call Barb or e-mail [BBCMALConferenceFund@outlook.com](mailto:BBCMALConferenceFund@outlook.com).

**NOTE:** Anyone who submits this form will receive a special dietary card in their registration packet. Please bring this card with you to all meal functions and place it at your seat so the food and beverage servers are aware and will serve accordingly. Once you sit down, place it next to or on your plate. Failure to do so will cancel any special handling and you eat at your own risk.



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Name [as it appears on license]:		License # [for CE]:	
Address:			
City:		State & Zip:	
Daytime Phone:		Email:	

SELECT ONLY **1** SESSION FROM EACH GROUP taking place during the same time frame.

Note: We are running concurrent seminars/functions—Please select ONLY events you will definitely attend.

**THURSDAY MORNING** – Place “X” in box on left for the function you will attend

TIME	DESCRIPTON	
6:50-7:50 am	Wake Up with Deb	Be FIT
8 am-Noon	CLP Speaking Under Pressure	Provided by ***
9 am-Noon	CE – Successful Mitigation of Fire and Smoke Damage	Provided by Rainbow
9 am-Noon	CE – Flood Insurance	Provided by Westfield
8 am-10 am	Enhancing the Member Experience	Included
10 am-Noon	Effective Teams/Better Relationships	Included

**THURSDAY AFTERNOON** - Place “X” in box on left for the function you will attend

TIME	DESCRIPTON	
1-5 pm	CLP Project Management Fundamentals	Provided by Swartz Contr.
1-4 pm	CE – Ethics in Insurance, Business & Life	Provided by Rainbow
1-3 pm	Civil Depositions	Included
2:30-4:30 pm	Beatles Tea & Crumpets	Provided by Pat Johnson
3-5 pm	Supplemental Insurance	Provided by AFLAC

**FRIDAY MORNING** - Place “X” in box on left for the function [s] you will attend

TIME	DESCRIPTON	
7:20-8:20 am	Wake Up with Deb	Be FIT
9:30-11:30 am	Association Leadership Workshop	Included
8:30-9:30 am	CE – Windshield Repair	Provided by Safelite
9:30-11:30 am	CE – Insurance Fraud and How to Prevent It	Provided by Safelite

**SATURDAY MORNING** – Place an “X” in the box on left if you will attend

7:20-8:20 am	Wake up with Deb	Be FIT
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**SUNDAY MORNING** – Place an “X” in the box on left if you will attend

7:20-8:20 am	Wake up with Deb	Be FIT
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\*\*\*Provided by Donegal Group, Insurance Professionals of Columbus Ohio and Cheryl Blair.

Space is limited. First come, first served. Please be considerate and only select the events you DEFINITELY will attend so someone else can have the opportunity.