

REGISTRATION FORM

2016 PIAA MEDICAL LIABILITY CONFERENCE MAY 11-13, 2016

JW MARRIOTT, WASHINGTON, D.C.

REGISTRANT INFORMATION *(Please Print)*

Last Name: _____

First Name: _____

Professional Designation (i.e. MD, JD, CPA, etc.): _____

First Name for Badge: _____

Company: _____

Title: _____

My relationship with the member company listed above is the following:

Employee Board Member Consultant

Other _____ My company is not a PIAA member

Business Address: _____

City: _____

State: _____ Zip Code: _____

Country: _____ Telephone: _____

E-mail Address: _____

Additional e-mail address for registration confirmation:

Confirmation will be provided by e-mail within three business days of receipt of registration.

Check this box if you wish to have your phone/e-mail withheld from the conference attendee list.

Dietary Needs:

Vegetarian Food Allergies _____

Registration Fees:

Advance Rate: *(Registration completed online or postmarked by 4/8/16 with payment included.)*

Regular & Industry Associate Member \$995 Premium-Level Affiliate Partner \$995
 Advantage-Level Affiliate Partner/Defense Non-member \$1,495
Low Firm \$1,245

Full Rate: *(Registration completed online or postmarked after 4/8/16 with payment included.)*

Regular & Industry Associate Member \$1,095 Premium-Level Affiliate Partner \$1,095
 Advantage-Level Affiliate Partner/Defense Non-member \$1,595
Low Firm \$1,345

Guest Rate: *(Includes Wednesday and Thursday night receptions, Friday lunch, and all breakfasts. Guests are not permitted in the conference session rooms.)*

\$300

First Name(s) for Badge: _____

Children (15 & under): *(Includes Wednesday and Thursday night receptions, Friday lunch, and all breakfasts. Children are not permitted in the conference session rooms.)*

\$125

First Name(s) for Badge: _____

Registrants who register after April 8, 2016 may not appear on the conference attendee list.

PAYMENT INFORMATION

(Please Select Method of Payment)

Check *(Please make check payable to PIAA and reference 2016 Medical Liability Conference.)*

Visa Master Card American Express

Name on Card: _____

Card Number: _____

Expiration Date: _____

Signature: _____

Fee Total:

Registration Total: \$ _____

Guest/Children Total: \$ _____

TOTAL: \$ _____

Americans with Disabilities Act (ADA):

If you have any special needs as identified in the ADA that require specific aids or services, please comment below. You may also notify the PIAA Meetings Department by phone at 301.947.9000 or via e-mail at PIAAMeetings@piaa.us prior to the conference.

Online Registration:

To register online for the 2016 Medical Liability Conference, go to the PIAA website at www.piaa.us and click on the Events tab and then "Medical Liability Conference."

Mail:

2016 PIAA Medical Liability Conference
2275 Research Blvd., Suite 250
Rockville, MD 20850

E-mail:

PIAAMeetings@piaa.us

Fax:

301.527.0410

Payment must accompany registration form.

Payment must be made in U.S. dollars.

Please note that in cooperation with the hotel and the discount afforded to PIAA registrants, PIAA will confirm all registrations in its hotel room block.

