

REGISTRATION FORM

1. REGISTRANT: *(Please print or type one form per person; photocopy this form for additional registrants)*

LAST NAME FIRST NAME MI

NAME AS YOU WISH IT TO APPEAR ON YOUR BADGE

FIRM/COMPANY

WHAT STATE(S) ARE YOU LICENSED IN:

ADDRESS

CITY STATE ZIP

(AREA CODE) BUSINESS TELEPHONE FACSIMILE

E-MAIL ADDRESS

I will attend the Construction Program, including the following Presentations:

Session 1 (pick one)

- 1. Basic Construction Damages 101
- 2. Statutory Damages, Interest Penalties and False Claims Act
- 3. Termination Damages

Session 2 (pick one)

- 4. Damages on Federal Construction Projects
- 5. Pricing Construction Claims
- 6. Pass-Through Claims

Session 3 (pick one)

- 7. Contract Drafting Tips at the Beginning of a Project to Manage Potential Damages Claims

8. Lost Productivity

9. Recovering Attorneys' Fees in Construction Cases

Session 4 (pick one)

- 10. Proving Damages in a Courtroom using Testimony, Experts, and Demonstrative Evidence; Presenting a Delay Claim Case to a Jury
- 11. Consequential, Liquidated and Tort Damages on Construction Projects
- 12. Damages in a Construction Defect Case

I will attend the Fidelity Program

I will attend the Surety Program

I am a member of the ABA and wish to join the Tort Trial & Insurance Practice Section (TIPS).

I have enclosed a separate check for \$50 made payable to the American Bar Association to join TIPS and the FSLC (ABA).

2. REGISTRATION FEES:

	On or Before <u>1/4/13</u>	After <u>1/4/13</u>	<u>QTY</u>	<u>TOTAL</u>
Insurance Company Employees:				
TIPS Members	\$175	\$225	_____	_____
Insurance Company Employees:				
Non-TIPS Members	\$250	\$300	_____	_____
Government Employee	\$500	\$600	_____	_____
TIPS Members	\$875	\$975	_____	_____
Law Student	\$295	\$395	_____	_____
General Attendee (all others)	\$975	\$1,075	_____	_____

3. SOCIAL EVENT TICKETS:

	<u>QTY</u>	<u>TOTAL</u>
Welcome Reception (Thursday) Included	_____	_____
Spouse/Guest Reception Ticket: \$75 (\$80 at door)	_____	_____

4. TOTAL PAYMENT:

TOTAL _____

5. PAYMENT INFORMATION

- Check (made payable to the ABA)
- Amer. Express
- Master Card
- VISA

CREDIT CARD NUMBER EXPIRATION DATE

SIGNATURE