

2017 CLAIMS CONFERENCE REGISTRATION FORM

PLRB

Property & Liability Resource Bureau

March 26-29, 2017 John B. Hynes Convention Center, Boston Marriott Copley Place, Sheraton Boston Hotel & Westin Copley Place, Boston, MA.

The Claims Conference is open only to those employed by the Insurance Industry and those who, as their primary business, provide goods and services directly to Insurers. Others, such as public adjusters, brokers, and agents, are not invited and may not register nor attend. Any such uninvited person found attending the Conference will be asked to leave and will not receive a refund.

Please type or print clearly:

First Time Attendee at Claims Conference

Membership

Member Insurer Employee Affiliate Member

Non-Member Insurer Employee Non-Member

Name _____

CPCU AIC _____

Name to Appear on Badge (if different) _____

Other Professional Designation _____

Company _____

Title _____

Street Address (or P. O. Box) _____

City _____

State _____

Zip _____

E-Mail Address _____

Business Phone Number _____

Cell Phone Number _____

Primary Lines of Service: Property Casualty Both

Receive On-Site Messages? Yes No

Cell Phone Provider _____

Vocation: Accountant Attorney Independent Adjuster Other: _____

Years of Claims Experience: _____

CONCURRENT SESSION PREFERENCES

NOTE: In the blanks, please fill in the **session numbers** of those that you plan to attend.

March 27, 2017		March 28, 2017		March 29, 2017	
Mon. AM 10:30-12:00 _____		Tues. AM 8:00-12:00 _____		Wed. AM 8:30-12:00 _____	
		OR		OR	
Mon. PM 1:30-5:00 _____		Tues. AM 8:30-10:00 _____		Wed. AM 9:30-10:00 _____	
OR					
Mon. PM 1:30-3:00 _____		Tues. PM 1:30-3:00 _____		Mon. PM 3:30-5:00 _____	
OR				OR	
Mon. PM 3:30-5:00 _____		Tues. PM 3:30-5:00 _____		Wed. PM 1:30-3:00 _____	
				OR	
				Wed. PM 3:30-5:00 _____	

You will be able to choose your sessions through the session link in your e-mail confirmation after completing your registration.

Sunday Welcome Reception Yes, I plan to attend
Monday Lunch with Exhibitors Yes, I plan to attend

Tuesday Lunch with Exhibitors Yes, I plan to attend
Tuesday Presenter Appreciation Reception at Expo Yes, I plan to attend
Wednesday Lunch Presentation Yes, I plan to attend

Conference Registration Fees

Through December 31, 2016: \$ _____

- No Charge for PLRB Member Insurance Companies
- \$795 for PLRB Affiliate Members
- \$990 for CPCU Society Members
- \$1050 for all others

As of January 1, 2017: \$ _____

- No Charge for PLRB Member Insurance Companies
- \$895 for PLRB Affiliate Members
- \$1050 for CPCU Society Members
- \$1150 for all others

Optional Activities

- 3/26 Welcome Reception Spouse Ticket - \$60* \$ _____
- 3/28 Exhibitor Reception Spouse Ticket - \$60* \$ _____

Total All Fees \$ _____

* Insurance company members' spouses are free for the 3/26 Welcome Reception and 3/28 Exhibitor Reception.

Total payment is \$ _____ Check is enclosed **OR**
Please charge to my Visa MC Amex Discover

Credit Card No. _____ Exp. Date _____ Sec. Code _____

Name as it Appears on Card _____ Signature _____

Billing address on card: _____

Address: _____

City: _____ State: _____ Zip _____

Cancellation Policy: Full refunds less a \$50 processing charge will be made for cancellations received by 30 days prior to the program. No refunds will be made after that date. Cancellation requests must be submitted in writing to conference@plr.org. "Substitutions" may be accepted at the discretion of PLRB. "Substitution" means that a co-worker/co-employee of a registrant attends this entire event in place of the registrant. Requests for substitution must be submitted to the PLRB in writing by the registrant.

If paying by check, please make payable to PLRB and mail to: Property & Liability Resource Bureau, Department 4984, Carol Stream, IL 60122-4984. If paying by credit card, fax form to 630-724-2260 or e-mail to conference@plr.org.