

2018 CLAIMS CONFERENCE REGISTRATION FORM



April 15-18, 2018

Orlando World Center Marriott Hotel, Orlando, FL.

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 _____

Name to Appear on Badge (if different) _____ CPCU AIC _____ Other Professional Designation _____

Company _____ Title _____

Street Address (or P. O. Box) _____ City _____ State _____ Zip _____

E-Mail Address _____ Phone Number _____

Primary Lines of Service: Property Casualty Both Years of Claims Experience: _____

Vocation: Accountant Attorney Independent Adjuster Other: _____

Please check if attending any receptions or lunches

Sunday Welcome Reception	<input type="checkbox"/> Yes, I plan to attend	Tuesday Presenter Appreciation Reception at Expo	<input type="checkbox"/> Yes, I plan to attend
Monday Lunch with Exhibitors	<input type="checkbox"/> Yes, I plan to attend	Wednesday Lunch Presentation	<input type="checkbox"/> Yes, I plan to attend
Tuesday Lunch with Exhibitors	<input type="checkbox"/> Yes, I plan to attend		

Conference Registration Fees

Through December 31, 2017: \$ _____

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, 2018: \$ _____

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

Optional Activities

4/15 Welcome Reception Spouse Ticket - **\$60*** \$ _____

4/17 Exhibitor Reception Spouse Ticket - **\$60*** \$ _____

Total All Fees \$ _____

* Insurance company members' spouses are free for the 4/15 Welcome Reception and 4/17 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.