



2019 MPL Association Underwriting Workshop Registration Form

To register, complete all information requested below. For multiple registrations, you may photocopy this form. A separate form must be completed for each workshop registrant.

Full Name _____

First Name for Badge _____

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

Company _____ Title _____

Registration for the workshop is restricted to Board members and employees of MPL Association member companies and their subsidiaries and Affiliate Partners.

My relationship with the member company listed above is the following: Employee Board Member Consultant Other

Mailing Address _____

City, State, Zip _____

Country _____ Telephone _____

E-mail Address _____

Additional e-mail address for registration confirmation _____

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

Registration Fee (please check one)

	Regular or Industry Associate	Premium Affiliate Partner	Advantage Affiliate Partner/ Defense Law Firm Partner
Discounted Rate (postmarked or submitted by 8/16/19 with payment included)	<input type="checkbox"/> \$895	<input type="checkbox"/> \$895	<input type="checkbox"/> \$1,095
Regular Rate (postmarked or submitted after 8/16/19 with payment included)	<input type="checkbox"/> \$995	<input type="checkbox"/> \$995	<input type="checkbox"/> \$1,195

Take advantage of bundled pricing for the Underwriting and Claims and Risk Management/Patient Safety Workshops.

Contact Meetings@MPLassociation.org.

Registrants who register after August 16, 2019 may not appear on the attendee list.

Years of Experience in Underwriting (please check one)

Years: 0-3 Years 4-10 Years 11+ Years

Vegetarian Food Allergies _____

Emergency Contact _____ Telephone _____

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

Payment Information:

Total Amount Due \$ _____

Check (make payable to MPL Association, and reference the 2018 Underwriting Workshop)

Visa MasterCard American Express

Name on Card _____

Credit Card Number _____

Expiration Date _____

Signature _____

Cancellation Policy:

All requests must be made in writing and sent via e-mail or mail to the MPL Association. Those who request a refund on or before Friday, August 16, 2019 will receive a refund minus a \$100 administrative fee. **Due to contractual commitments, all registrations and cancellations received after Friday, August 16, 2019, including all no-shows, are not eligible for a refund. Substitutions are permitted with notification.**

Hotel Reservations:

Intercontinental Mark Hopkins
999 California St.
San Francisco, CA 94108
415-392-3434

The discounted rate is \$299 per night (plus a 16.5% state and local tax per room per night). To make reservations, call the hotel by Friday, August 16, 2019 and reference the Workshop.

Americans with Disabilities Act (ADA)

If you have any special needs as identified in the ADA that require specific aids or services, please notify MPL Association via e-mail at Meetings@MPLassociation.org prior to the workshop.

Three Easy Ways to Register:

1. Online
www.MPLassociation.org

2. E-mail
Meetings@MPLassociation.org

3. Mail
The MPL Association Attn: Meetings Dept.
2275 Research Blvd., Suite 250
Rockville, MD 20850