



ABCL WINTER MEETING, NEW ORLEANS

February 20 - 22, 2015

REGISTRATION FEE: Fellow \$ 500.000 Spouse/Guest\$500.00

FELLOW'S NAME: _____

SPOUSE/GUEST/S NAME: _____

(children free)

For planning purposes please check box if you plan on attending:

Friday night ABCL cocktail reception at The Windsor Court Hotel

Number of guests including the Fellow _____

Saturday night dinner at August Restaurant

Number of guests including the Fellow _____

There are 3 easy ways to register:

- I) *Send this form by scanning and emailing it to me, it's that simple and you get frequent flyer miles (complete the below credit card information);
- II) Mail your check payable to ABCL along with this form to John H. Rion, ABCL Treasurer, PO Box 532, Dayton, Ohio 45409; or
- III) *Call my cell (937) 344-7914 and I will take your credit card over the phone and you are registered.

Credit Card Number: _____

Expiration Date Month/Year: _____

CVVCode: _____

Cardholders Billing zip code: _____

Cardholders signature: _____

*The credit card company charges us a 4% processing charge for the credit card option