



ANNUAL CONFERENCE REGISTRATION FORM

Complete Both Pages

Firm/Company Name: _____

Registrant Name: _____

Associate/Partner Name: _____

Registration for Annual Conference (Includes two Breakfasts, One Lunch, Hospitality Socials,
President's Reception, and 6 CLE Credits)

_____ Member Attorney (\$475) _____ Bring Associate/Partner Discount (\$245)

_____ Non-Member Attorney (\$595) _____ Insurance Professional (\$175)

GOLF TOURNAMENT

_____ Number of Participants (\$140.00)

PRESIDENT'S RECEPTION FOR SPOUSE, GUEST OR CHILDREN

_____ Spouse/Guest (\$60/per person) _____ Children (\$30/per person)

Spouse/Guest Name: _____

Childrens' Names: _____

SUMMARY OF COSTS

Annual Conference	_____
Golf	_____
President's Reception (Spouse/Guest/Children)	_____
TOTAL	_____

REGISTRATION AND PAYMENT MAY BE MADE IN ONE OF THE FOLLOWING WAYS

_____ Complete Form and mail with a check payable to "PDI" at: Pennsylvania Defense Institute, P.O. Box 6099, Harrisburg, PA 17112

_____ E-mail Completed Form to cwasilefski@padefense.org or to lgamby@padefense.org and mail Check payable to "PDI" at: Pennsylvania Defense Institute, P.O. Box 6099, Harrisburg, PA 17112

_____ Go to PDI website at www.padefense.org and register using form provided on website and pay through PayPal.

MAKE SURE YOU REGISTER FOR A ROOM
AT OMNI BEDFORD SPRINGS RESORT
AT SPECIAL PRICE