



CLLA 6th Annual Capitol Hill Day

FEBRUARY 24 -25, 2019

REGISTRATION FORM

Full Name _____

Firm / Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email (required) _____

HOTEL INFORMATION

Hyatt Place Washington DC / National Mall
400 E Street SW
Washington, DC 20024, USA
(202) 803-6110

RESERVATIONS: Please call (800) 993-4031 and ask for the CLLA Hill Day 2019 or Group Code G-CLLH.

Check here if you have a disability and require accommodations to fully participate. CLLA will contact you.

Additional Guests

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

Please Indicate Which Position You Support:

Must select at least 1

- Bankruptcy Venue Reform
- Bankruptcy Preferences Reform
- FDCPA and the litigation exception (H.R. 5082)

PLEASE NOTE: The CLLA is planning to pursue policy positions during our upcoming 2019 Hill Day event: 1) bankruptcy venue reform; 2) bankruptcy preferences; 3) FDCPA and the litigation exception (H.R. 5082). Attendees are participating on behalf of the CLLA (i.e., to advocate and support the policy position that you signed up for) and are expected to refrain from advancing any personal issues/agendas or taking any contradicting positions. To ensure the greatest likelihood of success for the event, and advancing these positions, the CLLA requests that individuals not able to advocate your selected issue enthusiastically refrain from participating. Failure to comply with this request may result in an attendee being denied the ability to participate. Please contact Reuel Ash at (513) 698 -5118 or Peter Califano at (415) 765-0363 or Jim Kozelek at (614) 801-2768 if you have questions about any of the CLLA's positions.

Payment Options

ONLINE: By credit card online at www.claa.org/events

BY FAX: Send completed form to the following secure fax line: **847.584.3939**
 NOTE: To meet PCI Compliance, and for your protection, your credit card number, expiration date and v-code will be destroyed after payment is processed.

BY MAIL: Send complete registration form with payment to:
Commercial Law League of America
3005 Tollview Drive
Rolling Meadows, IL 60008

TO PAY BY CHECK

My check in U.S. funds for \$ _____ is enclosed as full payment of registration fees. Make checks payable to CLLA.

Registration Fees

		# of Attendees:	TOTAL
CLLA Members	\$150		
Non-Members	\$250		
TOTAL REGISTRATION FEES			

Cancellation Policy

Cancellations must be submitted in writing. Registration fee refunds will be granted on the following schedule: notice received on or before February 18 will receive 100% refund less \$20 processing fee, no refunds will be issued February 19-25.

QUESTIONS? Contact the League office at 312-240-1400.

FOR OFFICE USE ONLY ENTERED _____ ID# _____ TYPE _____ CK # _____ AMT \$ _____

TO PAY BY CREDIT CARD

American Express Charge my credit card for: _____

MasterCard \$ _____

Visa **TOTAL** _____

All information below is required for credit card:

Printed Name of Cardholder: _____

Billing Address of Cardholder: _____

Signature: _____

Card#: _____ Exp. Date: _____ VCode: _____