



CONFERENCE REGISTRATION FORM

Registration Information

To register, please complete this form and return via:

US Mail

Barnes Buchanan Conference
c/o Buchanan Ingersoll & Rooney PC
One Oxford Centre, 20th Floor
301 Grant Street
Pittsburgh, PA 15219

Fax (412) 562.1041
Attn: Barnes Buchanan Conference

Should you have any questions, please contact:

email: info@barnesbuchanan.com
phone: (412) 562.1433

Last Name _____ First Name (as you would like it to appear on your nametag) _____

Title _____

Company/Organization _____

Address _____

City _____ State _____ Zip _____

Telephone () _____ Email _____

Do you have any special physical, dietary or other needs: Yes No If yes, please describe: _____

Emergency Contact _____ Telephone () _____

Conference Activity Preferences (please check all that apply)

Thursday, February 4, 2010 I will attend the cocktail/dinner party. As my guest, I will bring:

(Note: you will be charged an additional fee of \$175 to bring a guest)

Friday, February 5, 2010 I will attend the cocktail party.
As my guest, I will bring:

Saturday, February 6, 2010 I will participate in the golf tournament, handicap: _____

As my guest, I will bring: _____

Guest Handicap: _____

OR

I will participate in the tennis tournament. As my guest, I will bring: _____

Payment

Enclosed is my payment in the amount of **\$1,475.00**.*

Enclosed is my payment in the amount of **\$1,650.00**, which includes a guest at the cocktail/dinner party on February 5.*

If paying by check: please make check payable to Barnes Buchanan

Conference (EIN: 25-1381032)

If paying by credit card ** Visa MasterCard Name as it Appears on Card: _____

Card Number: _____ vCard or Security Number: _____ Expiration: _____

Signature: _____ Date: _____

* Cancellations received after January 22, 2010, will be subject to a non-refundable deposit of \$200. No refunds or credits will be issued for cancellations received after February 1.