



# CONFERENCE REGISTRATION FORM

## Registration Information

To register, please complete this form and return via:

**Mail**

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

**Fax**

412-562-1041  
Attn: Barnes Buchanan Conference

**Questions? Please contact:**

Email: info@barnesbuchanan.com  
Phone: 412-562-1433

Last Name \_\_\_\_\_ First Name (as you would like on nametag) \_\_\_\_\_

Title \_\_\_\_\_

Company / Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Alternate 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 9, 2011**

- I will attend the cocktail/dinner party.
- I will bring a guest to the cocktail/dinner party.

Guest Name \_\_\_\_\_

*(Note: you will be charged and additional \$175 to bring a guest)*

**Friday, February 10, 2011**

- I will attend the cocktail party.
- I will bring a guest to the cocktail party.

Guest Name \_\_\_\_\_

**Saturday, February 11, 2011**

- I will participate in the Golf Tournament.\*
- My guest will participate in the Golf Tournament.\*

Guest Name \_\_\_\_\_

- I will participate in the Tennis Tournament.\*
- My guest will participate in the Tennis Tournament.\*

Guest Name \_\_\_\_\_

*\* Please note: The golf and tennis tournaments are charged separately from the conference registration, and will be billed directly to your room at The Breakers.*

## Payment

- Single Registration - \$1,475.00
- Registration with Guest - \$1,650.00 (includes payment for guest at Thursday night dinner, Friday night reception)

If paying by check, please make payable to: **Barnes Buchanan Conference (EIN: 25-1381032)**

Credit card payment: VISA MASTER CARD Name as it appears on card: \_\_\_\_\_

Card Number: \_\_\_\_\_ vCard or Security Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

• Cancellations after January 27, 2012, will be subject to a non-refundable deposit of \$200. No refunds or credits will be issued for cancellations received after February 3, 2012.