

National Academy of Arbitrators
2010 FALL EDUCATION CONFERENCE
The Cleveland Marriott Downtown at Key Center
Cleveland, OH
October 22 – 24, 2010

MEMBER REGISTRATION FORM

Name: _____ E-Mail: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____ Fax Number: _____

Spouse/Companion/Partner: _____
(If Attending)

Paid and Postmarked or hand-delivered after August 31, 2010:

LATE REGISTRATION FEE: \$380

2010 FEC: Your registration includes: NAA programs; reading materials; coffee breaks; and **non-transferable tickets for the meals listed below if so checked:**

Do you plan to attend the Friday Dinner? Yes

Do you plan to attend the Saturday Luncheon? Yes

Do you plan to attend the Sunday Breakfast? Yes

SPOUSE/COMPANION/PARTNER INFORMATION

ADDITIONAL TRANSFERABLE MEAL TICKET(S):

ADDITIONAL Friday Dinner Ticket(s) _____ @\$89

ADDITIONAL Saturday Luncheon Ticket(s) _____ @\$45

ADDITIONAL Sunday Breakfast Ticket(s) _____ @\$39

Skills Enhancement Workshop – Friday, October 22
1:00 pm – 5:00 pm

Working Effectively in the Federal Sector _____ @\$79*

**If the minimum registration is not met by August 29 2010, the SEW will be canceled and payments refunded.*

Total: \$ _____

Concurrent Sessions – Saturday, October 23

1:30 pm – 2:45 pm

Please choose one:

- _____ Primer on Federal Health Law: The ABC's of HIPPA and FLMA
- _____ I Wish the Arbitrator Would...
- _____ Leveling the Playing Field (Repeated at 3:00 pm)
- _____ Music and Film-Building Community for Social Justice (Repeated at 3:00 pm)

Concurrent Sessions – Saturday, October 23

3:00 pm – 4:15 pm

Please choose one:

- _____ Issues in Healthcare Collective Bargaining
- _____ Reasonable Accommodation and the Collective Bargaining Agreement
- _____ Leveling the Playing Field (Repeated from 1:30 pm)
- _____ Music and Film- Building Community for Social Justice (Repeated from 1:30 pm)

Concurrent Sessions – Saturday, October 23

4:30 pm – 5:30 pm

Please choose one:

- _____ FMCS/NMB/AAA Update
- _____ Canada Update

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Member's Name: _____

Total Payment Amount Enclosed: \$ _____

Form of Payment:	<input type="checkbox"/> Check	<input type="checkbox"/> Discover*	<input type="checkbox"/> MasterCard*	<input type="checkbox"/> Visa*
Card #:	_____			Expiration Date: _____
Name on Card:	_____			
Billing Address:	_____			
Authorized Signature:	_____			
<i>*The NAA accepts Discover, MasterCard and Visa ONLY</i>				
NOTE: ALL AMOUNTS ARE IN U.S. DOLLARS				

NAA Operations Center
Ste 412
1 N Main St
Cortland, NY 13045

If paying by Discover, MasterCard or Visa, your signed registration form with credit card information may be mailed to the above address or faxed to: (888) 317-1729

PARTICIPANT LIST: Only those registrants whose full registration fees have been received at the NAA Operations Center by August 31, 2010 will appear in the Participant List. No supplemental lists will be prepared.

REFUNDS: Only those cancellations received at the NAA Operations Center by Mail, E-Mail: naa@naarb.org, Telephone: (607) 756-8363, or FAX: (888) 317-1729, by August 31, 2010 will be eligible for refunds of the conference registration (subject to \$100 processing charge) and additional meal ticket(s).

The Academy will apply for MCLE for the NAA 2010 Fall Education Conference. Please provide your Bar Number(s) and State(s).	Bar Number(s) _____ State(s) _____
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