



REGISTRATION FORM
ABCL ANNUAL FALL MEETING

OCTOBER 13 - 16, 2011

RITZ CARLTON HOTEL, WASHINGTON, D.C.

The Registration Fee is \$600 per Fellow and \$500 per Spouse/Guest(s).

FELLOW: _____ \$ _____
(\$600/person)

SPOUSE/GUEST(S) _____ \$ _____
(\$500/person)

_____ \$ _____

_____ \$ _____

TOTAL: \$ _____

RSVP:

For the COCKTAIL RECEPTION at the home of Hank and Joanne Asbill, Thursday,
October 13. Yes, I plan to attend, _____ Guest(s) _____

No, I cannot attend, _____

Please make **checks payable to ABCL** and **remit before September 20, 2011.**

PRINT AND SEND THIS FORM AND YOUR CHECK TO:

JAMES R. HOMOLA
ABCL TREASURER
2950 MARIPOSA STREET, SUITE 250
FRESNO, CA 93721