

# NATIONAL BAR ASSOCIATION 2006 INTERNATIONAL MEETING REGISTRATION FORM



## To reserve your space for the NBA 2006 Meeting in Ethiopia:

- Part 1.** Complete and mail or fax this NBA Registration Form with \$175 (or \$200 after departure) to National Bar Association, 1225 11<sup>th</sup> Street, NW Washington, DC 20001 (FAX: 202-289-6170).
- Part 2.** Complete and mail or fax this Registration Form with your payment to Ethiopian Airline: Complete Package -\$3,425 (deposit of \$1,725); Ground Package - \$1,980; Extension Tour to Kenya - \$900. For more information see [www.nationalbar.org/ethiopia](http://www.nationalbar.org/ethiopia).
- Cancellation made before May 3 will be charged 50% of deposits; after May 3 will be 75%; No refund after May 13, 2006.
- Please register no later than **May 3, 2006**. Full payment is due 30 days prior to departure.

USE THIS FORM FOR:      **Part 1**       **Part 2**

Registering For: **NBA 2006 International Meeting in Ethiopia**      Departure Date: June / 3 / 2006

Name \_\_\_\_\_ Name \_\_\_\_\_

(as it appears on your passport)      (as you prefer to be called)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Gender: \_\_\_\_\_

What is your first place of departure: \_\_\_\_\_

Passport Information: I am a citizen of: \_\_\_\_\_

Passport Number \_\_\_\_\_ State Where Issued \_\_\_\_\_

Date of Issue \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Expiration \_\_\_\_/\_\_\_\_/\_\_\_\_

Person to Contact in Case of Emergency: \_\_\_\_\_ Relation \_\_\_\_\_

Email \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

**I will attend: (check all that apply)** Ethiopia       Kenya

Accommodations: Tour price is for double occupancy (which is not always guaranteed).

Single room accommodations require an additional fee of \$500 (Ethiopia) and \$130 (Kenya).

Do you have a roommate?  Yes  No If Yes: Name \_\_\_\_\_

Assign me a roommate:  Yes  No      Do you want a single room?:  Yes  No

Please mark your preferences:  Single Kenya  Single Ethiopia

Do you have any special dietary or medical needs? \_\_\_\_\_

### Method of Payment:

Payment by: Check       credit card  :

Visa       MasterCard       AMEX       Discover       Diners

Account Number \_\_\_\_\_

Expiration \_\_\_\_\_ Amount of \$ \_\_\_\_\_

Print name as it appears on card \_\_\_\_\_ Signature \_\_\_\_\_

**(Part 1) Make Payable and Send To: National Bar Association, 1225 11<sup>th</sup> Street, NW  
Washington, DC 20001      Fax: 202-289-6170**

**(Part 2) Make Payable and Send To: Annabelle Reyes, Ethiopian Airlines, 336 East 45th Street,  
New York, NY 10017      Fax: 212-202-4460**

[annabelle.sales@flyethiopian.com](mailto:annabelle.sales@flyethiopian.com)

**Yes, I have completed Part 1 as indicated above.**