



# 2019 MPL Claims and Risk Management/Patient Safety Workshop & International Risk Management Seminar Registration Form

To register, complete all information requested below. For multiple registrations, you may photocopy this form. A separate form must be completed for each workshop registrant.

Full Name \_\_\_\_\_

First Name for Badge \_\_\_\_\_

Professional Designation (i.e. MD, JD, CPA, etc.) \_\_\_\_\_

Company \_\_\_\_\_ Title \_\_\_\_\_

My relationship with the member company listed above is the following:  Employee  Board Member  Consultant  Other

*\*Registration for the workshop is restricted to Board members and employees of MPL Association member companies and their subsidiaries and Affiliate Partners.*

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Additional e-mail address for registration confirmation \_\_\_\_\_

**Note:** Confirmation will be provided by e-mail within three business days of receipt of registration.

### Registration Fee (please check one)

Discounted Rate

(postmarked or submitted by 8/16/19 with payment included)  \$895

Regular Rate

(postmarked or submitted after 8/16/19 with payment included)  \$995

Take advantage of bundled pricing for the Underwriting and Claims and Risk Management/Patient Safety Workshops.

Contact Meetings@MPLAssociation.org.

*Registrants who register after August 16, 2019 may not appear on the attendee list.*

Regular or Industry Associate

Premium Affiliate Partner

Advantage Affiliate Partner/Defense Law Firm Partner

International Risk Management Seminar

\$895

\$895

\$1,095

\$250

\$995

\$995

\$1,195

\$250

### Intended Track (please check one)

Claims  Risk Management/Patient Safety

Vegetarian  Food Allergies

Emergency Contact \_\_\_\_\_ Telephone \_\_\_\_\_

Check this box if you wish to have your phone/e-mail withheld from the workshop attendee list.

### Payment Information:

Total Amount Due \$ \_\_\_\_\_

Check (make payable to MPL Association, and reference the 2019 Claims and Risk Management/Patient Safety Workshop)

Visa  MasterCard  American Express

Name on Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

### Cancellation Policy:

All requests must be made in writing and sent via e-mail or mail to the MPL Association. Those who request a refund on or before Friday, August 16, 2019 will receive a refund minus a \$100 administrative fee.

**Due to contractual commitments, all registrations and cancellations received after Friday, August 16, 2019, including all no-shows, are not eligible for a refund. Substitutions are permitted with notification.**

### Hotel Reservations:

Intercontinental Mark Hopkins

999 California St.

San Francisco, CA 94108

415-392-3434

The discounted rate is \$299 per night (plus a 16.5% state and local tax per room per night). To make reservations, call the hotel by Friday, August 16, 2019 and reference the Workshop.

### Americans with Disabilities Act (ADA)

If you have any special needs as identified in the ADA that require specific aids or services, please notify MPL Association via e-mail at Meetings@MPLAssociation.org prior to the workshop.

## Three Easy Ways to Register:

1. Online  
www.MPLAssociation.org

2. E-mail  
Meetings@MPLAssociation.org

3. Mail  
The MPL Association Attn: Meetings Dept.  
2275 Research Blvd., Suite 250  
Rockville, MD 20850