

Registration Form

AECRE's
19th Annual Conference
Las Vegas, Nevada
APRIL 15-17, 2010

Name _____ Title _____
Company _____
Street or Box Number _____ E-Mail _____
City _____ State _____ Zip _____
Business Phone _____ Fax _____
 I request CLE credit. State name _____ Bar ID # _____

Meeting Registration

- Member Fee (early bird price prior to March 19th, 2010) \$ 570
- Non-member Fee (early bird price prior to March 19th, 2010)* \$ 695
(price will increase \$50.00 for members and non-members after March 19th, 2010.)
*\$125 OF THE NON-MEMBER REGISTRATION FEE WILL BE CREDITED TOWARD ANNUAL DUES IF YOU BECOME A MEMBER.
- Saturday Golf Outing \$ 80

Guest Registration

- Guest Fee - Thursday Opening Reception and Friday Dinner Party..... \$ 120
GUEST NAME _____
- Saturday Golf Outing \$ 80

\$ _____

Method of Payment

- Payment by Check (PAYABLE TO AECRE)
- Please Charge Total To: VISA MASTERCARD AMERICAN EXPRESS

If you would like to charge online, please visit our website at www.aecre.org

CARD NUMBER _____ EXPIRATION DATE _____
PRINTED NAME _____ SECURITY CODE _____

Workshop Selection

Choose one workshop for 4/15:

- CUTTING EDGE LEASE RE-NEGOTIATION STRATEGIES
- MANAGING INTERNATIONAL REAL ESTATE PORTFOLIOS

Corporate Forum Hot Topic: _____

Hotel reservations deadline: **March 29, 2010 (1.800.499.6311 - reference "AECRE")**

Mail this form to: **AECRE**
20106 South Sycamore Drive
Frankfort, Illinois 60423

SPECIAL MEAL REQUESTS

- VEGETARIAN
- OTHER _____

SPECIAL NEEDS

- PLEASE INDICATE HERE IF YOU HAVE SPECIAL NEEDS. AECRE WILL CONTACT YOU.

Questions?
Call AECRE at 815.464.6019
or fax at 815.464.8334
Email: LCarreras@aecre.org

