

REGISTRATION FORM



2012 PCS CATASTROPHE CONFERENCE

April 29 – May 1, 2012 Hyatt Regency Baltimore on the Inner Harbor • Baltimore, Maryland

Each person attending must complete a separate form. Reproduce the form if necessary.
Payment must accompany each registration. Checks must be made payable to Insurance Services Office, Inc.

Registrant Information

Please type or print clearly or attach your business card,
so we can print your badge correctly.

Mr. Ms. Dr.

Full Name (first, last)

Professional Designation

Nickname (for badge)

Title

Company/Division

Address

City State ZIP

Country

Telephone Fax

E-mail

Emergency Contact Name and Phone Number

Tell us about yourself (check one box in each column).

Type of company

- Insurance company
- Service company
- Independent adjuster
- Other: _____

Job function

- Executive
- H.O. management
- Field management
- H.O. support
- Field support
- Other: _____

On-Site Registration Fee

- PCS participants \$1,050
- Nonparticipants \$1,095

Payment Information

Payment received by: Check Credit card

Check number _____

Visa MasterCard American Express

Credit card number _____

3- or 4-digit security code _____

Expiration date _____

Name on card _____

Signature _____

Dietary Restrictions

Special Needs

Have you attended the PCS Catastrophe Conference before?

Yes No

Will you be attending Monday evening's reception with
service providers on April 30?

Yes No

Will you be attending Tuesday evening's reception on May 1?

Yes No

Will your spouse be attending the receptions?

Yes (add \$50 to registration total) No

Name _____

FOR ISO USE ONLY

Person ID _____ Reg. ID _____

People Code _____ Reg. Code _____

