

REGISTRATION

*St. Regis Bahia Beach Resort, Puerto Rico**January 23 - January 30, 2016***Trip Cost and Details**

Double occupancy price: **\$5,860** (ROOM, NON STOP AIR FARE, TRANSFERS, HOUSEKEEPING TIPS, LUGGAGE HANDLING and taxes/service charges).

Single occupancy price: **\$5,230** (ROOM, NON STOP AIR FARE, TRANSFERS, HOUSEKEEPING TIPS, LUGGAGE HANDLING and taxes/service charges).

- Complimentary use of tennis courts and racquets, as well as, golf course driving range and clubs
- 10% discount on spa treatments
- Complimentary use of fitness center
- Free Wi-Fi
- Educational nature tours, hiking, biking, sailing, kayaking, bird watching and paddle boarding

Package will be reserved for you upon receipt of a \$2,500 non-refundable deposit on or before **July 15, 2015**. Balance is due by **November 15, 2015**. Since this is a package price, room and air will not be sold separately.

Travel Insurance

Insurance is strongly recommended to cover trip cancellation and interruption. Travel insurance may be obtained through: (Travelguard www.travelguard.com) (Access America www.accessamerica.com)

Questions

Contact Judith A. O'Donnell at (248) 593-6633 jaodonnell@comcast.net **or** Kristen Robinson (248)614-9005 kristen@mellinrobinson.com

REGISTRATION

☐ **Double occupancy package**\$5,860
 Traveling companion cocktail party and dinner..... \$75
 Seminar Fee \$250 x ____ (# of seminar attendees)...\$____
 TOTAL COST..... \$____
 Less **non-refundable** deposit (Due July 15)....(**\$2,500**)
BALANCE DUE (Due Nov 15)\$____
 >>>> OR <<<<

☐ **Single occupancy package**\$5,230
 Seminar Fee \$250\$250
 TOTAL COST..... \$____
 Less **non-refundable** deposit (Due July 15).... (**\$2,500**)
BALANCE DUE (Due Nov 15).....\$____

Name: _____

E-mail Address: _____

**ALL PERSONS SHARING A ROOM MUST
USE ONE REGISTRATION FORM
AND INCLUDE ENTIRE DEPOSIT WITH FORM**

Under TSA regulations, all airlines are required to request and collect the following Secure Flight Passenger Data: Full name (as it appears on government-issued I.D. approved for use when traveling); Date of birth; and Gender.

**THE FOLLOWING FORMAT (REQUIRED BY
THE AIRLINES) MUST BE USED WHEN
YOU FILL OUT THIS FORM**

Last/First Middle /Birthdate/Gender

Example: Jones/JohnAllen/04JUL67/M

Cell Phone: (_____) _____ -- _____

E-mail Address: _____
(Traveling companion)

Family Law Section Winter Conference 2016 Payment Information

Enclosed please find a check or debit/credit card authorization form, which represents a non-refundable deposit of \$2,500. I understand that by remitting this deposit that I am contracting to purchase this trip and that I am obligated to pay the entire balance due whether I attend the conference or not. I acknowledge that I have been strongly advised to obtain travel insurance for trip cancellation.

P# _____

Please bill my: ☐ Visa ☐ MasterCard for \$ _____

Name: _____

Debit/Credit Card Number _____

Expiration Date _____

Address: _____

City: _____ State: _____ Zip: _____

Please print name as it appears on debit/credit card _____

Please make check payable to: **State Bar of Michigan**

Authorized Signature _____

Enclosed is check # _____ for \$ _____

Mail payment and completed form to: Judith A. O'Donnell 600 S Adams, Ste 100 Birmingham, MI 48009