

# 2010 County Attorneys Fall Training Conference

COUNTY/AGENCY: \_\_\_\_\_

(One registration form per registrant)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Spouse / Adult Guest (name): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Cancellation Policy:**

Cancellation on or prior to October 29, 2010- No fee

Cancellation received  
AFTER October 29, 2010- \$40.00 fee

No Show- \$170.00 fee

**Reduced Rate: (Registration Policy Attached)**

**\$270.00**  
**\$295.00 after October 29, 2010**  
**Basic Rate:**  
**\$375.00**  
**\$400.00 after October 29, 2010**

Conference Registration fee \$ \_\_\_\_\_

**Adult Fees**

	Guests	Amt
Adult Guests @ \$50 each .....	_____	\$ _____
Adult Guests for Sunday Reception ONLY @\$25 each.....	_____	\$ _____
Adult Guests Tuesday Banquet ONLY @ \$35 each.....	_____	\$ _____

Total Guest fees.....\$ \_\_\_\_\_

Total Guest fees enclosed.....\$ \_\_\_\_\_

Total Guest fees Due.....\$ \_\_\_\_\_

**General Information:**

- Unless payment for registration is enclosed with this form, you will be sent an invoice.
- Claim vouchers requiring signatures should be enclosed with this registration.
- Please make checks payable to **Iowa County Attorneys Association (ICAA).**

● Mail form to:  
Iowa County Attorneys Association  
1st Fl., Hoover State Office Bldg.  
Des Moines, Iowa 50319  
OR FAX to: 515-281-4313  
OR e-mail: [peg.bowman@iowa.gov](mailto:peg.bowman@iowa.gov)