

ULI Los Angeles

Tuesday, June 6, 2006 • DLA Piper Rudnick, 550 South Hope, Suite 2300, Los Angeles, CA 90071

Four Easy ways to register

**Online** [www.uli.org/register](http://www.uli.org/register) **Phone** 800-321-5011  
(Credit card payment only.) (Credit card or check payment.)

**Fax** 800-248-4585 **Mail\*** ULI Los Angeles, Dept 304  
(Credit card or check payment.) Washington, DC 20055-0304  
(Credit card or check payment.)

\* If you are going to mail in your registration, you must first call it in to ensure a prepared name badge.

\_\_\_\_\_  
ULI Member # Informal Name for Badge

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone Fax

Refund Requests must be made in writing no later than June 2, 2006, refund requests will not be accepted after this date. Fax requests to: 202-624-7147

Registration Limited to 35

Email\*  
\* Confirmations are sent via email by next business day.

- |  |        |
|--|--------|
| Registration Fees                                | Member |
| <input type="checkbox"/> Private                 | \$75   |
| <input type="checkbox"/> Public Sector/Nonprofit | \$75   |
| <input type="checkbox"/> Young Leader (under 35) | \$75*  |
| <input type="checkbox"/> Student (full-time)     | \$75*  |

**Pre-Registration Deadline:**  
**Online: Friday, June 2, 2006**  
**All other ways: Friday, June 2, 2006**  
After June 2<sup>nd</sup>, call 213.236.4882.

Please note: **The first 5 student/young leader phoned-in registrations will be charge a discounted rate of \$25. After the first five are received, the \$75 rate will apply.**

Sponsors – please email info to [coordinator@losangles.uli.org](mailto:coordinator@losangles.uli.org)

Send me ULI membership Info

Please indicate your payment option below.

- Check: payable to ULI Los Angeles
- Credit Card

+If payment has not been received prior to the registration deadline, a credit card guarantee will be required onsite. No credit card charges will be processed if payment is received within 1 week of the event.

- American Express    Diners Club    Discover    MasterCard    VISA

Card Holder Name \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Signature \_\_\_\_\_