34th ANNUAL NORTH AMERICANLAW SUMMIT

Secrets Royal Beach Punta Cana

November 9th-13th, 2022 • Punta Cana, Dominican Republic

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REGIS	STRATION	FORM



ATTENDEE FIRST AND LAST NAME: _		
GUEST FIRST AND LAST NAME:		
LAW FIRM NAME:		
STREET:		
CITY:	STATE:	ZIP CODE:
PHONE:		
EMAIL:		
FAX:		
IS YOUR PASSPORT VALID UNTIL AT	LEAST MAY 16TH	1, 2023? YES NO

ALL-INCLUSIVE LAND PACKAGE PRICING ONLY. CLE registration is NOT included below.

PRICING:		TO AUGUST 8 th , 2022 EGULAR REGISTRATION TER AUGUST 1, 2022				
SINGLE-OCCUPANCY:						
J r. Suite Tropical (King)	\$1,939	\$2,014 SOLD OUT				
Preferred Club		SOLD OUT				
(PC) Jr. Suite Pool View (King)	\$2,330 LIMITED	\$2,480				
(PC) Jr. Suite Partial OV (King)	\$2,433 EDITION	\$2,583				
DOUBLE OCCUPANCY: Jr. Suite Tropical (King or 2 Bed) Jr. Suite Partial OV (King or 2 Bed) Jr. Suite Private Pool (King or 2 Bed) Preferred Club (PC) Jr. Suite Partial OV (King or 2 Bed) (PC) Jr. Suite Swim Up (King or 2 Bed) (PC) Master Suite Oceanfront (King) *Additional charges apply to add a	Bed) \$3,389 eds) \$3,757 Bed) \$5,230	\$2,639 \$2,899 \$3,159 \$3,539 \$3,907 \$5,380				
DREAMS (Family Resort)						
(PC) Family Room	\$5,320	\$5,470				
(PC) Jr. Suite Swim-Up	\$5,356	\$5,506				
*Additional charges apply for 3 rd person in a room.						

A \$1,000 social fee per person will be charged to anyone not booking with VIMM Global.

The group rates apply 3 days prior to the conference and 3 days post conference.

indicated above and accept this form in lieu of my signature.

SEPARATE CLE REGISTRATION:

Attendees must also complete the CLE educational component registration form to register for the conference

CANCELLATION POLICY:

Cancellations will be assessed a \$250 administrative fee and must be submitted in writing to Vimm Global. No refunds will be issued on cancellations received after September 1st, 2022. Please send cancellation requests to nals@vimmglobal.biz.

TRAVEL PROTECTION:

Travel Protection is recommended and can be purchased separately.

FOTAL PACKAGE AMOUNT: \$_				
CREDIT CARD TYPE, NUMBER:		EXP	CVV:	
NAME:	SIGNATURE:			
In lieu of original signature) By	sending this email I acknowledge I have	e read all of the i	nformation on t	he
prochure including the cancellat	ion policy and authorize Vimm Global t	o charge my car	d in the amount	

BILLING ADDRESS (for the card if different from the mailing address):_____