NATIONAL BAR ASSOCIATION 2007 INTERNATIONAL AFFILIATES MEETING REGISTRATION FORM

To reserve your space for the NBA 2007 Meeting in South Africa:

1. **PART 1.** Complete and mail or fax this NBA Registration Form with $175 (or $200 after departure) to National Bar Association, 1225 11th Street, NW Washington, DC 20001 (FAX: 202-289-6170).
2. **PART 2.** Complete and mail or fax this Registration Form with your payment to Karell African Dreams Vacations. Complete Package -$4,592 (deposit of $750 due to hold seat, $1,750 due by April 1, full payment due –see agent); Ground Package - $2,756; Extension Tour to Mozambique -$995, Victoria Falls -$1,161. For more information see www.nationalbar.org/Africa.
3. Cancellation made before April 1 will be charged $500, before May 50% of package price; after May 1, 2007 no refund guaranteed - See agent.
4. Please register no later than April 30, 2007. Full payment is due 30 days prior to departure.

USE THIS FORM FOR: **Part 1** ☐ **Part 2** ☐

Registering For: **NBA 2007 International Meeting in South Africa** Departure Date: June 6, 2007

(as it appears on your passport) **(as you prefer to be called)**

Name _____ Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Fax _____

E-Mail _____ Date of Birth ____/_____/_____ Age____ Place of Birth _____

Occupation _____ Employer _____

Gender:_____

What is your first place of departure: _____

Passport Information: I am a citizen of: _____

Passport Number _____ State Where Issued _____

Date of Issue _____/_____/_____ Date of Expiration _____/_____/_____

Person to Contact in Case of Emergency: _____ Relation _____

Email _____ City _____ State _____

Day Phone_____ Evening Phone _____

I will attend: ***(check all that apply)*** **South Africa** ☐ **Mozambique** ☐ **Victoria Falls** ☐

Accommodations: Tour price is for double occupancy (which is not always guaranteed).
Single room accommodations require an additional fee of $664 -S. Africa, $191 -Moz. and $270 –Vic. Falls.

Do you have a roommate? ☐Yes ☐No If Yes: Name _____

Assign me a roommate: ☐Yes ☐No Do you want a single room?: ☐Yes ☐No

Please mark your preferences: ☐Single S.Africa ☐Single Moz. ☐ Single Victoria Falls

Do you have any special dietary or medical needs?_____

Method of Payment:

☐ Check ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover ☐ Diners

Account Number _____

Expiration _____ Amount of $ _____

Print name as it appears on card _____ Signature_____

(Part 1) Make Payable and Send To: National Bar Association, 1225 11th Street, NW Washington, DC 20001 ***Fax: 202-289-6170***

(Part 2) Make Payable and Send To: Karell African Dreams, 7300 Corporate Center Dr., Ste. 703 Miami, Florida 33126 ***Fax: 305-446-8553***

☐ **Yes, I have completed Part 1 as indicated above.**