

# Pacific Council

ON INTERNATIONAL POLICY

## NATIONAL DELEGATION: ALABAMA

Montgomery, Alabama

March 5 – 6, 2020

### TRIP INFORMATION

The Pacific Council invites you to participate in an exclusive National Delegation to Montgomery, Alabama. The goal of our delegation is to better understand the legacy of slavery and institutionalized racism in the United States. The trip will include visits to significant landmarks from the Civil Rights Movement and we will connect with leaders in the ongoing struggle for equal justice. This delegation is open to all members.

The Pacific Council's National Delegations visit U.S. sites and cities that are dynamic centers of policy, diplomacy, and security. Each delegation aims to better understand and address a key issue on the global agenda – from privacy and surveillance to water policy. In fostering closer ties with leaders, thinkers, partners, and institutions who are shaping our world, delegates serve as ambassadors representing the Pacific Council during the visit and bring back new ideas upon return. Members with related expertise or demonstrated interest actively contribute to achieving the goals of each fact-finding mission.

#### TRIP OVERVIEW:

- The registration fee is inclusive of hotel accommodations at the [Renaissance Hotel](#) (Grand King Rooms) from **March 4-7 (three nights)**, ground transportation, all meals, staff support, and all logistical arrangements pertaining to the visit.
- Airfare is not included in the registration pricing. Delegates will need to arrange for their own flights to and from Montgomery, Alabama as well as their own airport transfers to and from the hotel.
- The trip will begin the morning of Thursday, March 5 and will run through the evening of Friday, March 6.

#### \*Working Itinerary

Wed, March 4	Thurs, March 5	Fri, March 6	Sat, March 7
Hotel included	Hotel included	Hotel included	
Delegates arrive/check-in	Meetings	Meetings Trip adjourns	Delegates depart

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PLEASE SIGN & RETURN VIA FAX to (213) 221-2050  
OR SCAN SIGNED DOCUMENT & E-MAIL to: [trips@pacificcouncil.org](mailto:trips@pacificcouncil.org)

-- PAGE 1 --

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### REGISTRATION FORM

#### REGISTRATION FEE:

- \$ 2,068 (Single)\*
- \$ 4,136 (Couple)\*
- Emerging Leaders:** Please refer to Emerging Leaders Packet on website
- Additional contribution:** \$ \_\_\_\_\_

The Pacific Council's trips require a great deal of staff planning to execute. We would ask members with the capacity to do so to contribute above and beyond the direct costs of the trip to assist in offsetting the cost of staff planning and time that is central to making this trip possible.

**TOTAL PAYMENT AMOUNT:** \$ \_\_\_\_\_

\* Optional monthly payment plan available (see next page for more details)

#### PAYMENT INFORMATION:

- CHECK** | Please make checks payable to the Pacific Council on International Policy  
Mail to: Pacific Council on International Policy  
ATTN: Trips Department  
725 S. Figueroa St., Suite 450  
Los Angeles, CA 90017
- CREDIT CARD** | Please remit credit card payment below via mail, email, or fax (213) 221-2050.
  - Visa
  - MasterCard
  - AMEX
  - Discover

\_\_\_\_\_  
**Credit Card Number**

\_\_\_\_\_/\_\_\_\_\_  
**Expiration Date**

\_\_\_\_\_  
**Security Code**

\_\_\_\_\_  
**Billing Address (City, State/Province, Country, Zip/Postal Code)**

\_\_\_\_\_  
**Name as it Appears on Card (please print)**

\_\_\_\_\_  
**Cardholder's Signature**

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-- PAGE 2 --

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### REGISTRATION FORM

#### REGISTRATION FEE:

**DUE TODAY: \$250**

Single delegate fee	Amount
Single delegate fee – Alabama National delegation	\$2,068
Deposit (to be charged today)	-\$250
<b>REMAINING BALANCE</b>	<b>\$1,818</b>

Couple delegate fee	Amount
Couple delegate fee – Alabama National delegation	\$4,136
Deposit (to be charged today)	-\$250
<b>REMAINING BALANCE</b>	<b>\$3,886</b>

#### SINGLE DELEGATE REMAINING BALANCE PAYMENT OPTIONS:

- I would like to pay my remaining balance of \$1,818 in 4 monthly installments of \$455 starting on January 1
- I would like to pay my remaining balance of \$1,818 in 6 monthly installments of \$303 starting on January 1

#### COUPLE DELEGATE REMAINING BALANCE PAYMENT OPTIONS:

- I would like to pay my remaining balance of \$3,886 in 6 monthly installments of \$648 starting on January 1
- I would like to pay my remaining balance of \$3,886 in 8 monthly installments of \$486 starting on January 1

#### Terms and Conditions for Payment Plans:

By choosing to participate in one of the above payment plans, you authorize the Pacific Council on International Policy to deduct your remaining balance from your credit card in the number of installments you indicate above on an automated basis. Monthly charges will be debited on the first (1<sup>st</sup>) day of every month beginning on January 1, 2020. Should the first (1<sup>st</sup>) of the month fall outside of normal business hours, your account will be debited within three (3) business days. Authorization for the automatic debit will remain in full effect until (A) your remaining balance is paid in full; (B) you cancel your participation in writing; or (C) the Pacific Council sends you a written notice that they will end the agreement. Any cancellation will be subject to the Pacific Council's delegation refund schedule. Please allow five (5) business days for any changes to your payment plan (including changes pertaining to the payment card) to take effect. The Pacific Council shall bear no liability or responsibility for any losses incurred to the extent permitted by California law.

I, \_\_\_\_\_, hereby authorize the Pacific Council to charge my credit card in the manner listed above on the first of each month for which my payment plan applies. I attest that I am an authorized owner of the credit/debit card account listed, and am exercising my powers as such.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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-- PAGE 3 --

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### DELEGATE INFORMATION

**Delegate Name:**

\_\_\_\_\_

Delegate Cell Phone:

\_\_\_\_\_

Delegate Email:

\_\_\_\_\_

Delegate Dietary Restrictions:

\_\_\_\_\_

**Spouse/Partner Name:**

\_\_\_\_\_

Spouse/Partner Cell Phone:

\_\_\_\_\_

Spouse/Partner Email:

\_\_\_\_\_

Spouse/Partner Dietary Restrictions:

\_\_\_\_\_

Emergency Contact Name:

\_\_\_\_\_

Emergency Contact Phone:

\_\_\_\_\_

### REGISTRATION CHECK LIST:

The following items must be returned to the Pacific Council in order to complete your registration no later than Friday, January 10:

- Registration Form & Payment** [Page 2]
- Delegate Information Page + Required Materials** [Page 3]
- Signed Waivers of Liability; Cancellation Policy; Fitness Requirement** [Page 4 & 5]\*
- High Resolution Photo:** Scanned, clear, high resolution\*
- Brief Biography:** 200-300 words\*

*\*One per participant*

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-- PAGE 4 --

# Pacific Council



# Council

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### WAIVERS (Page 1 of 2)

**LIABILITY WAIVER:** In consideration of Pacific Council on International Policy, a California not-for-profit organization ("Pacific Council"), organizing, arranging and permitting me to participate in the March 2020 visit to Montgomery, Alabama, I hereby waive all rights which I may now have or which may accrue in the future against the Pacific Council, its respective directors, officers, employees and members (collectively "Pacific Council Representatives"), and I hereby release and discharge Pacific Council Representatives from and against all liability for any and all actions, damages, causes of action suits, costs, losses, expenses, claims, demands, and judgments (collectively the "Losses and Claims"), which I, my spouse, family members, children, invitees, heirs, executors, administrators, successors and assignees ever had, now have or hereafter can shall or may have resulting from or arising in connection with my travel to attendance at or participation in the visit to Montgomery, Alabama and any related activities.

I acknowledge that certain legal rights against the Pacific Council or the Pacific Council Representatives may be available to me now or in the future as a result of any Losses and Claims, and that by executing this waiver and release of liability, my spouse and I are forever relinquishing those rights against the Pacific Council or the Pacific Council Representatives. I acknowledge that no praises, representations, or affirmations of fact were made to me by the Pacific Council or the Pacific Council Representative concerning the safety of the visit to Montgomery the security precautions taken in sponsoring the visit to Montgomery, Alabama the relative safety or danger associated with or connected in any way to the visit to Montgomery, Alabama and affirm that I have read and understand the foregoing provisions of this waiver and accept the terms of this waiver and release of liability as a condition to my participation in the visit to Montgomery, Alabama. I further agree that this release be governed by the laws of the applicable jurisdiction.

**I understand and accept the waiver of liability.**

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**Participant Signature**

**Date**

# Pacific Council

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## NATIONAL DELEGATION: ALABAMA

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### WAIVERS (Page 2 of 2)

**CANCELLATION POLICY:** Full payment is due by **Friday, January 10**. Please note your space on this delegation will not be reserved until full payment has been received. If you must cancel your reservation, all payments are 100% nonrefundable, regardless of the date of payment. No exceptions will be made. While we do not anticipate doing so, should the Pacific Council on International Policy be forced to cancel or postpone the trip outlined in these materials, refunds will be considered in accordance with the circumstances of the cancellation.

**\*The Pacific Council strongly encourages travelers to purchase travel insurance.**

- I understand the cancellation policy and will not purchase travel insurance.
- I understand the cancellation policy and plan to purchase travel insurance.

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Participant Signature

Date

*\*The Pacific Council does not endorse or recommend any specific travel agency.*

**PHYSICAL ACTIVITY:** I acknowledge that traveling may involve physical activities including but not limited to: walking moderate distances, climbing stairs and standing for extended periods of time. We will take any precautions necessary to accommodate travelers needs to the best of our ability.

- I understand and accept the level of physical activity that may be required on this trip.

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Participant Signature

Date