

Local Field Foray Port of Los Angeles Friday, January 29 | San Pedro, CA

TRIP INFORMATION

The Pacific Council's Local Field Forays visit local sites of global policy interest. Each trip aims to deepen our understanding of key international issues as they relate to the local community – ranging from international trade and the Port of Los Angeles to the U.S.-Mexico border and immigration. These trips are designed to foster closer ties between our member community and the local leaders, thinkers, partners, and institutions that are shaping our world.

TRIP OVERVIEW:

- The **\$85 registration fee** is inclusive of lunch, on-site transit, all staff support and logistical arrangements pertaining to the visit.
- Delegates will need to arrange for their own transport to and from the Port of LA in San Pedro.
- Registration forms must be submitted by Tuesday, Jan 26 to reserve your space.

REGISTRATION CHECKLIST:

The following items must be returned to the Pacific Council in order to complete your registration:

- □ **Registration Form & Payment** [Page 2]
- Signed Waivers of Liability; Cancellation Policy; Fitness Requirement [Page 3]- one per participant.

ADDITIONAL MATERIALS REQUIRED:

- □ **High Resolution Photo**: At your earliest convenience, please scan/email a clear, high resolution passport/professional photo of yourself to be used in program materials.
- Brief Biography: At your earliest convenience, please provide us with a brief biography (200 300 words) for inclusion in our trip materials.

AGENDA:

Friday, January 29, 2016

11:45 am	Pacific Council members arrive /check-in with Lobby Security
12:00 pm	Port Briefing and Lunch in Conference Room 522
1:15 pm	Walk to Berth 85 to board vessel (approximately two short blocks)
1:30 pm	Waterside narrated tour of Port of L.A.
3:00 pm	Tour concludes

~~~~~

PLEASE RETURN VIA FAX to (213) 221-2050 <u>OR</u> SCAN SIGNED DOCUMENT & E-MAIL to: <u>trips@pacificcouncil.org</u> -- PAGE 1 --

| REGISTRATION FORM         Delegate Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Pacific Council<br>ON INTERNATIONAL POLICY<br>Local Field Foray<br>Port of Los Angeles<br>Friday, January 29   San Pedro, CA                                                                                                                                                                                               |                        |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--|--|
| Delegate Cell Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>REGISTRATION FORM</b>                                                                                                                                                                                                                                                                                                   |                        |  |  |
| \$85         Additional contribution:       \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Delegate Cell Phone:<br>Delegate Email:<br>Emergency Contact Name:                                                                                                                                                                                                                                                         |                        |  |  |
| Additional contribution:  Additional contribution:  The Pacific Council's trips require a great deal of staff planning to execute. We 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:  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) 221-2018.  Visa MasterCard AMEX Discover  / | REGISTRATION FEE:                                                                                                                                                                                                                                                                                                          |                        |  |  |
| Payment Information:         CHECK   Please make checks payable to the Pacific Council on International Policy<br>Mail to: Pacific Council on International Policy<br>ATTN: Trips Department<br>725 S. Figueroa St., Suite 450<br>Los Angeles, CA 90017         CREDIT CARD   Please remit credit card payment below via mail, email, or fax (213) 221-2018.         Visa       MasterCard         MasterCard       AMEX         Discover         Credit Card Number         Billing Address (City, State/Province, Country, Zip/Postal Code)                                                                                                                                                                                                   | Additional contribution: \$ The Pacific Council's trips require a great deal of staff planning to execute. We 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. |                        |  |  |
| <ul> <li>CHECK   Please make checks payable to the Pacific Council on International Policy<br/>Mail to: Pacific Council on International Policy<br/>ATTN: Trips Department<br/>725 S. Figueroa St., Suite 450<br/>Los Angeles, CA 90017</li> <li>CREDIT CARD   Please remit credit card payment below via mail, email, or fax (213) 221-2018.</li> <li>Visa MasterCard AMEX Discover</li> <li>Credit Card Number</li> <li><i>Los Angeles (City, State/Province, Country, Zip/Postal Code)</i></li> <li>Security Code</li> </ul>                                                                                                                                                                                                                 | PAYMENT INFORMATION:                                                                                                                                                                                                                                                                                                       |                        |  |  |
| Mail to:       Pacific Council on International Policy<br>ATTN: Trips Department<br>725 S. Figueroa St., Suite 450<br>Los Angeles, CA 90017         CREDIT CARD   Please remit credit card payment below via mail, email, or fax (213) 221-2018.         Visa       MasterCard         Mail to:       AMEX         Credit Card Number                                                                                                                                                                                                                                                                                                                                                                                                           | Payment Information:                                                                                                                                                                                                                                                                                                       |                        |  |  |
| Visa       MasterCard       AMEX       Discover         Credit Card Number       /         Billing Address (City, State/Province, Country, Zip/Postal Code)       Security Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Mail to: Pacific Council on International Policy<br>ATTN: Trips Department<br>725 S. Figueroa St., Suite 450                                                                                                                                                                                                               | mational Policy        |  |  |
| Billing Address (City, State/Province, Country, Zip/Postal Code) Security Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                            |                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Credit Card Number                                                                                                                                                                                                                                                                                                         | Expiration Date        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Billing Address (City, State/Province, Country, Zip/Postal Code)                                                                                                                                                                                                                                                           | Security Code          |  |  |
| Name as it Appears on Card (please print) Cardholder's Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name as it Appears on Card (please print)                                                                                                                                                                                                                                                                                  | Cardholder's Signature |  |  |

-- PAGE 2 --



# <u>Local Field Foray</u> **Port of Los Angeles** Friday, January 29 | San Pedro, CA

## **WAIVERS**

**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 January 2016 visit to Port of LA, 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 Port of LA and any related activities.

I acknowledge that certain legal rights against 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 Pacific Council or the Pacific Council Representatives. I acknowledge that no praises, representations, or affirmations of fact were made to me by Pacific Council or the Pacific Council Representative concerning the safety of the visit to Port of LA, the security precautions taken in sponsoring the visit to Port of LA, the relative safety or danger associated with or connected in any way to the visit to Port of LA 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 Port of LA, I further agree that this release be governed by the laws of the applicable jurisdiction.

### □ I understand and accept the waiver of liability.

**Participant Signature** 

**<u>FITNESS REQUIREMENT</u>**: 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. I attest that I am in good physical health and will be able to successfully complete these and other physically demanding tasks.

### □ I understand and accept the fitness requirement.

Participant Signature

Date

Date

PLEASE RETURN VIA FAX to (213) 221-2050 <u>OR</u> SCAN SIGNED DOCUMENT & E-MAIL to: <u>trips@pacificcouncil.org</u> -- PAGE 3 --