

**Insurance Industry Perspective**  
 Adele Perlman, M.D.  
 Medical Director  
 Aetna Life and Casualty  
 To Be Announced  
 American Insurance Assoc.

**Summary Panel**  
**Questions/Answers of Speakers**

**Closing Remarks**

**Adjourn**

2:00

3:00

3:45

4:00

# Registration

Registration for the Perspective on Environmental Illness: An Industry Forum is \$175 per person, which includes a reception on November 7, 1990, and all breaks and lunch on November 8, 1990. **Deadline for registration is October 26, 1990.** If you have registered and are unable to attend, call (202) 682-8332 by November 2, 1990. API cannot make a refund for cancellations received after that date. To register, detach and mail the registration form along with a check or money order payable to the American Petroleum Institute to:

**Madeleine D. Sellouk**  
**American Petroleum Institute—HESD**  
 1220 L Street, N.W.  
 Washington, D.C. 20005  
 (202) 682-8332

## November 7, 1990

4:00-7:30 **Registration**

6:00-7:30 **Reception**

## November 8, 1990

7:00 **Registration**

8:30 **Welcome**

8:45 **Evolution Of The Issue**

Adele Perlman, M.D.  
 Medical Director  
 Aetna Life and Casualty

9:30 **Medical Practice Update**

Abba Terr, M.D.  
 Professor of Allergy and Immunology  
 Stanford University Medical Center

10:25 **Break**

10:40 **Legal Overview**

John Blay, Esquire  
 Senior Counsel Environmental Affairs  
 Mobil Corporation

11:45 **Break**

12:00 **Luncheon**

1:15 **Regulatory/Legislative Update**

**Federal**  
 Eileen Winkelman  
 CMA, Government Relations

**State Activities**  
 To Be Announced

Please register the following person(s) for the Perspective on Environmental Illness: An Industry Forum. A check in the amount of \_\_\_\_\_ (\$175 per person) is enclosed.

Mail registration form and check or money order, payable to Madeleine D. Sellouk, American Petroleum Institute—HESD, 1220 L Street, N.W., Washington, DC 20005. Refunds will be made if cancellations are received before the close of business on November 2, 1990.

NO TELEPHONE RESERVATIONS PLEASE.

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

AGETIUU

REGISTRATION FORM