

FOR NON-MEMBER SPEAKERS ONLY

PERSONAL INFORMATION

(Please print or type. List only one person per form.)

Full Name: _____

Badge Name: _____

Institution or Law Firm Name for Badge: _____

Law Firm *(if applicable)*: _____

Member Institution *(if applicable)*: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Fax: _____

E-mail: _____

SESSIONS

Indicate those sessions you tentatively plan to attend by circling one per time-period. This does not limit you to, nor reserve a spot for you, in a particular session.

Wednesday, June 27

| | | | | | | | | | |
|---------------------|------|------|------|------|------|------|-------|------|----|
| 11:45 am – 12:45 pm | SIG1 | SIG2 | SIG3 | SIG4 | SIG5 | SIG6 | SIG 7 | SIG8 | |
| 3:00 pm – 4:15 pm | 1A | 1B | 1C | 1D | 1E | 1F | 1G | 1H | 1I |

Thursday, June 28

| | | | | | | | | | | |
|---------------------|----|----|----|----|----|----|----|----|----|----|
| 9:15 am – 10:45 am | 2A | 2B | 2C | 2D | 2E | 2F | 2G | 2H | 2I | |
| 11:15 am – 12:45 pm | 3A | 3B | 3C | 3D | 3E | 3F | 3G | 3H | 3I | 3J |

Friday, June 29

| | | | | | | | | | |
|---------------------|----|----|----|----|----|----|----|----|----|
| 9:15 am – 10:30 am | 4A | 4B | 4C | 4D | 4E | 4F | 4G | 4H | 4I |
| 11:00 am – 12:15 pm | 5A | 5B | 5C | 5D | 5E | 5F | 5G | 5H | |
| 2:00 pm – 3:15 pm | 6A | 6B | 6C | 6D | 6E | 6F | 6G | 6H | 6I |
| 3:45 pm – 5:00 pm | 7A | 7B | 7C | 7D | 7E | 7F | 7G | 7H | 7I |

Saturday, June 30

| | | | | | | | | | |
|---------------------|----|----|----|----|----|----|----|----|----|
| 8:30 am – 10:00 am | 8A | 8B | 8C | 8D | 8E | 8F | 8G | 8H | 8I |
| 10:30 am – 12:00 pm | 9A | 9B | 9C | 9D | 9E | 9F | | | |

EVENTS

Please indicate if you plan on attending the following events:

- Welcome & Opening Plenary Session (Wednesday, 1:00 pm)
- Honors & Awards Ceremony (Wednesday, 4:30 pm)
- Rise and Shine Networking Breakfast (Thursday, 7:00 am)
- Special Session: News from the Nation's Capital (Thursday, 8:00 am)
- Association Breakfast (Friday, 8:00 am)
- Networking Luncheon (Friday, 12:30 pm)



OTHER INFORMATION

Do you have any special needs that require accommodation? Please explain: _____

Do you have any dietary restrictions? Please explain: _____

Who should be contacted in case of an emergency? Name: _____

Day telephone: _____

Annual Conference Registration Form, continued

CONFERENCE FEES

Fill in all shaded boxes that pertain to your registration.

A. Speaker Fees (Note: The fees are for Annual Conference speakers only. If you are not an Annual Conference speaker, you will be charged any additional fees due based on the above schedule of fees.)

| | | |
|-----------------------------------|---------------|------|
| NON-MEMBER SPEAKER | complimentary | = \$ |
| NON-MEMBER SPEAKER - SESSION ONLY | complimentary | = \$ |

B. Conference Materials (see pg.22) (Note: Binder will be shipped AFTER the Conference.) (Note: Hard Copies of materials distributed in session rooms at no charge.) *Rates below are for Conference registrants only

| | | |
|----------------------------------------------------------------------------------------------------------|---------------|----------|
| CD-ROM | \$69.00 | = \$ |
| SPEAKER CD-ROM (<i>Speakers receive one complimentary CD-ROM of the conference</i>) | complimentary | = \$0.00 |
| Full Binder of Written Materials (<i>must be pre-ordered and will be shipped after the Conference</i>) | \$69.00 | = \$ |

C. Opening Reception (see pg. 27)

| | #Attending | | | |
|--------------------------------------------------------------------------|------------|--------------|------|------|
| Paid Registrant <input type="checkbox"/> Yes <input type="checkbox"/> No | | Fee included | = \$ | 0.00 |
| Adult Spouse/Guest(s) | # _____ | x \$20.00 | = \$ | |
| Child (ages 6-12) | # _____ | x \$10.00 | = \$ | |
| Child (5 and under) | # _____ | Free | | |

D. Request for CLE Credit Please fill in this portion only if you wish NACUA to file for CLE credit on your behalf. There is a \$5.00 per-state administrative and application fee for all attorneys requesting this service.

| | | | |
|-------|------------|--------|------|
| State | Bar Number | \$5.00 | = \$ |
| State | Bar Number | \$5.00 | = \$ |
| State | Bar Number | \$5.00 | = \$ |

TOTAL FEE TO ACCOMPANY REGISTRATION

= \$ _____

PAYMENT

Payment must accompany registration form. Registrations sent without payment will not be processed. All registrants will receive a confirmation.

- Check enclosed (payable to NACUA)
 Charge: Mastercard Visa (*Sorry, we do not accept American Express*)

Card Number _____ Exp. Date _____
 Print name as it appears on card _____ Signature _____

CLE Credits

NACUA is submitting this Conference for approval to the appropriate agencies of the states that certify continuing legal education programs (AL, AK, FL, GA, ID, IL, IA, KS, KY, LA, ME, MN, MS, MT, NC, ND, OH, OK, OR, PA, SC, TN, TX, UT, VA, WA and WI). NACUA certifies that this program has been presumptively approved and conforms to the standards prescribed by the rules and regulations of the state bars of AZ, AR, CA, CO, DE, IN, MO, NV, NH, NM, NY, RI, VT, WV and WY. Please mark your registration form if you would like NACUA to file for CLE Credit on your behalf and reconfirm your bar number and state while at the Conference. There is a \$5.00 per state administrative and application fee for all attorneys requesting this service.

**Attorneys requesting CLE credit in Rhode Island will be invoiced by NACUA for an additional \$1.50 per credit hour claimed following the Annual Conference.*

MAIL CHECK OR CREDIT CARD PAYMENT

along with completed registration form (both sides) to:



NACUA P.O. Box 791118
 Baltimore, MD 21279-1118
 Tel: (202) 833-8390
 Fax: (202) 296-8379