

Personal Information

Name: _____
 Badge Name: _____
 Title: _____
 Institution/ Firm: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Tel: _____ Fax: _____ Email: _____

Special Needs

Check here if you have special needs and might require accommodations to fully participate in the workshop. A staff member will contact you for details.

Diet Requirements

Registration

A. Registration Fees	Regular	On-Site <small>(received after 3/21)</small>	
Non-Member	\$379	\$429	= \$
Non-Member Speaker*	<i>complimentary</i>		= \$
<i>*Does not include moderators or discussion group leaders</i>			= \$
B. Workshop Materials			
CD-ROM <small>(Includes audio recordings, PowerPoints, and written materials of most sessions.)</small>		\$69*	= \$
<i>*This special discount price is only available to attendees until March 7th.</i>			
C. CLE Credit Requested <small>(complete only if you wish NACUA to apply on your behalf)</small>			
State:	Bar#	\$5	= \$
State:	Bar#	\$5	= \$
State:	Bar#	\$5	= \$
Total Fee to Accompany Registration:			= \$

D. Workshop Materials

Luncheon Reception

Please check the event(s) you plan to attend. Costs are included in your registration fee.

Payment

Check: (payable to NACUA)

Credit: Visa Mastercard *Sorry, no American Express*

Name on card: _____

Card Number: _____ Exp. Date: _____

Signature: _____