

REGISTRATION FORM - DEADLINE JAN. 25, 2017

Last Name First Name MI

Nametag

Address

City State Zip

Daytime Phone Number Email Address

Number of people attending **Welcome Reception** (included in registration fee)

Name of Guest (first, last)

\$_____
REGISTRATION FEE
\$375 for early-bird registrations received by **Dec. 31, 2016**
\$450 for registrations received after **Dec. 31, 2016**
CLE requested for Ohio and Florida

Require CLE credit for the state(s) of _____

\$_____
\$25 for CLE requested in the state(s) of: _____
(enter two-digit state code)

\$_____
Total

Make checks payable to: The University of Akron School of Law

Charge to: VISA MasterCard Discover AMEX

Cardholder's name (please print): _____

Cardholder's Signature: _____

Card Number _____

Expiration date (month/year) _____ CSCode _____

Credit card charges cannot be processed without signature and expiration dates.

ACCESSIBILITY NEEDS: Please email Michele Novachek ~ manovac@uakron.edu

DIETARY RESTRICTIONS: _____

BEFORE MAILING: Complete all information. Sign check, made payable to The University of Akron School of Law or enter all charge information including expiration date.

Return form to: Michele Novachek , The University of Akron School of Law, Akron, OH 4325-2901
330.972.6363 (Phone) ~ 330.972.7337 (Fax) ~ manovac@uakron.edu