REGISTRATION FORM - DEADLINE JAN. 26, 2018

| Last Name | | First Name | MI |
|---|--|-------------------------|------------------------------------|
| Nametag | | | |
| Address | | | |
| City | | State | Zip |
| Daytime Phone | Number | Email Address | |
| | Number of people atten | ding Welcome Recept | ion (included in registration fee) |
| | Name of Guest (first, last) | | |
| \$ | REGISTRATION FEE \$375 for early-bird registrations received by Jan. 15, 2018 \$450 for registrations received after Jan. 15, 2018 CLE requested for Ohio and Florida and Pennsylvania | | |
| | Require CLE credit for the | he state(s) of | |
| \$ | \$25 for CLE requested in the state(s) of: | | |
| \$ | Total | | |
| Charge to: Cardholder's na Cardholder's Sig | gnature: | Card Discover | AMEX |
| | | | |
| Expiration date (month/year) CSCode Credit card charges cannot be processed without signature and expiration dates. | | | |
| Credit card char | ges cannot be processed | d without signature and | d expiration dates. |
| ACCESSIBILITY NEEDS: Please email Michele Novachek ~ <u>manovac@uakron.edu</u> | | | |
| 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