

**Thirteenth Annual Small Firms & Solo Practitioners' Division Conference
Costa Rica * March 12-16, 2008**

CLE SEMINAR REGISTRATION FORM

(PLEASE MAIL YOUR FORM TO: PATRICIA ROSIER, 4500 FORBES BLVD., STE 400, LANHAM, MD,
20706 OR FAX TO (301) 918-4874)

Check all that apply:

_____ Please enroll me in the CLE Seminar and reserve my copy of the course book.
_____ I cannot attend, but would like to receive _____ copies of the course book
at \$25.00 per copy plus \$5.00 shipping and handling. (Available after the
Conference)

Name _____ Title _____

Mailing Address _____ Office _____ Home _____

City _____ State _____ Zip _____

Telephone () _____ Fax () _____

Email Address _____

GUEST NAME _____

REGISTRATION FEE: _____ \$299.00
_____ \$399.00 (ON-SITE)
_____ \$ 55.00 (GUEST)
_____ \$ 25.00 (DIVISION DUES)

METHOD OF PAYMENT: CHECK/MONEY ORDER/CREDIT CARD (PLEASE CIRCLE)

Check No.: _____ Amount of Check: _____

CREDIT CARD INFORMATION

NAME _____

ADDRESS OF CARD HOLDER _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX NO. _____

CREDIT CARD: A/E _____ MC _____ VISA _____ DISCOVER _____

CREDIT CARD NO. _____

Expiration Date: _____ CIS: _____ Print Name: _____

Signature _____

***I UNDERSTAND THIS CHARGE WILL APPEAR ON MY CREDIT CARD STATEMENT AS
CHRISTIAN PRODUCTS COMPANY***

Signature _____