

registration:

1

Select a registration below (circle one):

- Regular ELA Member Registration \$305.00
- New Member Registration (this fee includes a discounted ELA membership at \$130, *regularly \$145*)..... \$435.00
- Regular Nonmember Registration..... \$455.00
- Student or Retired ELA Member (circle one) (must hold a current ELA membership) \$125.00

Early registration discount:

- Early Registration (registration fee paid by September 1, 2010)..... *subtract* \$30

Total registration \$

optional:

2

Complete the following information for optional opportunities (select all that apply to you):

1. General Preconferences (*per session*) \$50.00 x _____ =
 Select your seminar(s) (maximum of 2): MORNING: Technology AFTERNOON: Ethics or Religion
2. Continuing Legal Education (CLE) Processing Fee (*per state*) \$35.00 x _____ =
 CLE Bar No(s) _____ State(s) _____
3. Continuing Education Units: I need a certificate of attendance to apply for continuing non-legal education credit.
4. Role-Alike Lunch Sessions. Join your constituency group colleagues for a casual lunch and a relevant discussion on current topics. There is no additional cost for paid registrants, but if you plan to attend, you **must** select a group in order to receive a role-alike lunch ticket: Attorneys Professors School Administrators
5. Bringing a guest? You can purchase guest tickets for the following events:
 - Additional Role-Alike Lunch \$30.00 x _____ =
 - Wednesday Evening Reception \$40.00 x _____ =
 - Thursday Evening Reception \$40.00 x _____ =
 - Business Meeting Breakfast \$30.00 x _____ =
6. I would like to contribute the following amount to the general ELA conference fund..... \$
7. I would like to contribute the following amount to the student conference attendance fund \$

total:

3

TOTAL (add up the total amount from each of the shaded gray boxes) \$

- Please check here if you require special accommodations to fully participate. Please attach a written description of your needs.

By submission of this registration, you acknowledge that any photos taken of you at the conference may be used for ELA marketing purposes.

Registrant Information

Mr. / Ms. / Dr. Name: _____
 Title: _____
 Nickname to appear on name tag: _____
 Institution or Firm: _____
 Address: _____

 City: _____ State: _____
 9-digit zip: _____ Country: _____
 Is this address home or business?
 Phone: _____ Fax: _____
 Email: _____

Payment Information

Invoice me. *Payment must accompany order unless a Purchase Order number is provided.* P.O. No.: _____
 Check (Checks must be in U.S. currency and drawn on a U.S. bank. Make payable to *Education Law Association*.)
 Credit Card: Visa MasterCard
 American Express Discover
 Credit Card No.: _____
 Name on Card: _____
 Expiration Date: _____
 V-Code (last 3 digits on back of card, signature line): _____
 Signature: _____