



GENERAL INFORMATION

Mr. Ms. Other:

Full Name: _____

Badge Name (if different from above): _____

Court: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

E-Mail: _____

Arrival Date: _____ Departure Date: _____

SPECIAL NEEDS OR REQUESTS

SPECIAL NEEDS OR REQUESTS (e.g., dietary requirements – vegetarian meal, wheelchair accessibility):

REGISTRATION SELECTION & PAYMENT METHOD

Early Bird: (November 11th– February 28th) \$350.00 each

Regular Rate: (March 1st – Onsite) \$395.00 each

Enclosed is my check for \$_____, made payable to the National Center for State Courts

Please charge \$_____ to: Visa MasterCard American Express

Card Number: _____ Expiration Date: Mo. /Yr. _____

Signature (required for all charge orders): _____

PLEASE COMPLETE AND RETURN TO

National Center for State Courts
Attn: Mayra Miranda
2425 Wilson Boulevard, Suite 350
Arlington, VA 22201