

August 26-28, 2010 at the *Bally's* Hotel and Casino, Las Vegas, Nevada

## REGISTRATION FORM

Name: \_\_\_\_\_

Firm or Office: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PH: (        ) \_\_\_\_\_ Fax: (        ) \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Atty Bar# : \_\_\_\_\_ STATE: \_\_\_\_\_ Bar # \_\_\_\_\_ STATE: \_\_\_\_\_  
(If licensed in more than one state)

\*\*\*\*\*

Includes seminar registration, continental breakfasts, breaks, seminar materials on CD-Roms\*\*, etc.

*Fax or mail by 7/20/2010*

*Fax or mail after 7/21/2010*

**Private Practice...\$ 495**

**Private Practice..... \$ 525**

(Attorneys, Psychologists, P.I.s, M.D., Social Workers, Therapists, & All others not listed under P.D. category)

**Public Defender...\$ 425**

**Public Defender..... \$ 450**

(Public Defenders, PD Investigators, Paralegals, Active Military, Legal Aid)

\*\*\*CD-Roms will be provided to ALL attendees. A printed copy of all the materials contained on the CD-Roms will be available to registered attendees only for an additional charge. If two people are from the same office, one can receive the CD-Rom and the other the printed copy. Let us know by phone or on this form.

**Cancellations:** If your registration is postmarked/faxed by June 1, 2010, we will refund your registration minus \$100.00 if you notify us of your cancellation by July 30, 2010 in writing. All other cancellations will result in a 50% credit of registration fees towards a future conference if we are notified of your cancellation by August 18, 2008 in writing. All cancellations after Aug. 18, 2010 are nonrefundable. We accept billings from Public Defender and Government agencies. Re: Billings--Fax registrations and call 419-865-0513 to make billing arrangements. Spaces can be reserved and names provided later. We do allow substitutions.

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Seminar Fee: \$ \_\_\_\_\_

Attendees Only OPTIONAL: \$ \_\_\_\_\_ (+ \$75 for printed materials)

TX, UT, IL, NE, FL Attorneys \$ \_\_\_\_\_ (+ \$ 20 for CLE fees if requesting CLE)  
(GA, RI + PA attorneys, please call us if you are seeking CLE credits)

Amount enclosed or credit card: \$ \_\_\_\_\_

Check {    } *pay to: NCADRC* (You may fax form and mail check w/in 24 hrs.)  
or Credit Card {    } : Visa, Mastercard, American Express accepted.

Credit Card # \_\_\_\_\_ Exp \_\_\_\_\_

Authorized Signature: \_\_\_\_\_  
(For Credit Card registrations)

MAIL or FAX this FORM to: NCADRC, P.O. BOX 638, Holland, Ohio 43528. Our FAX # is 419-865-0526.  
*Please contact us if you do not receive an emailed or faxed confirmation within 1 week.*