

CLAC²⁰¹⁶

GENERAL INFORMATION

Mr. ☐ Ms. ☐ Other:

Full Name: _____

Badge Name (if different from above): _____

Court: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone: _____

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 30th– February 28th) ☐ \$400.00 each

Regular Rate: (March 1st – Onsite) ☐ \$445.00 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. _____

Security Code: _____

Signature (required for all charge orders): _____

PLEASE COMPLETE AND RETURN TO

National Center for State Courts

Attn: Alisa Kim

707 17th St. #2900

Denver, CO 80202

Phone: 303.308.4340

Email: akim@ncsc.org