



**SEMINAR REGISTRATION FORM**

Make check payable to "Virginia CLE" and mail to:

Virginia CLE  
P.O. Box 4468  
Charlottesville, VA 22905

OR

If you want to pay by Visa or MasterCard, fax this form to Virginia CLE at (434) 979-3147 or register by phone by calling (800) 979-VCLE (979-8253).

Name \_\_\_\_\_ VA State Bar # \_\_\_\_\_

Firm \_\_\_\_\_

Street Address \_\_\_\_\_

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

Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

| Name of Seminar | Live | Video<br>Replay | Phone | Location | Date  | Fee   |
|-----------------|------|-----------------|-------|----------|-------|-------|
| _____           | ___  | ___             | ___   | _____    | _____ | _____ |
| _____           | ___  | ___             | ___   | _____    | _____ | _____ |
| _____           | ___  | ___             | ___   | _____    | _____ | _____ |

Total \_\_\_\_\_

Method of Payment:

\_\_\_ Check (Check # \_\_\_\_\_)    \_\_\_ Visa    \_\_\_ MasterCard

Credit card number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Last 3 digits on back of card \_\_\_\_\_

Name on credit card \_\_\_\_\_

Billing address for card \_\_\_\_\_

Signature \_\_\_\_\_

No confirmation will be sent. Your canceled check or credit card statement is your receipt.