



## SEMINAR REGISTRATION FORM

**Mail form to Virginia CLE, 105 Whitewood Road, Charlottesville, VA 22901.** Check made payable to Virginia CLE or credit card required.

**Fax form to (434) 979-3147 or email to [vacle@vacle.org](mailto:vacle@vacle.org).** Credit card required.

You may also register by phone at (800) 979-VCLE (979-8253) or online at [www.vacle.org](http://www.vacle.org).

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

Firm \_\_\_\_\_

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

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

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

Name of Seminar	Live	Video	Phone	Location	Date	Fee
		Replay				
_____	___	___	___	_____	_____	_____
_____	___	___	___	_____	_____	_____
_____	___	___	___	_____	_____	_____

Total \_\_\_\_\_

Method of Payment:

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

Credit card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code (3 or 4 digits) \_\_\_\_\_

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

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

Signature \_\_\_\_\_

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