



NLADA ANNUAL CONFERENCE | 2006

CHARLOTTE, NC ■ NOVEMBER 8-11
FOSTERING COMMUNITIES OF JUSTICE, HOPE AND OPPORTUNITY

HOW TO REGISTER

MAIL CHECKS TO:

NLADA ANNUAL CONFERENCE

P.O. Box 79083
Baltimore, MD 21279-0083

FAX CREDIT CARDS PAYMENTS TO:

202-872-1031

REGISTER ONLINE AT:

www.nlada.org

PLEASE NOTE: The regular registration deadline is **October 13, 2006**. Please register on-site after this date. Confirmation of your registration will be mailed to you. If you have any questions about registration, please contact us at **202-452-0620, ext. 207**.

BECOME A MEMBER OF NLADA AND SAVE ON YOUR CONFERENCE REGISTRATION!

MEMBERSHIP FEES:

- Sustaining Member...\$100
- Individual Attorney...\$ 90
(\$60 if program member employee)
- Individual Professional\$ 50
(\$25 if program member employee)
- Student/Fellow Member\$ 25
- Client Member.....\$ 15

SPECIAL NEEDS

- I have a disability that requires assistance:
- Audio ■ Mobility ■ Visual

Other

REGISTRANT INFORMATION (PLEASE PRINT CLEARLY)

Name: _____

Name on Badge: _____ Title: _____

Organization: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____ E-mail: _____

This is my first time attending the NLADA Annual Conference.

AFFILIATION (CHECK ALL THAT APPLY)

- Program:** Civil Defender
- Other Entity:** Funding Agency Social Services Agency Governmental
 Community Group Federal, state, local courts Other _____
- Position:** Director Staff Attorney Non-Attorney Staff
 New Staff Attorney Client Board Member Other Board Member
 Private Bar Other Client Pro Bono Coordinator
 Other _____

REGISTRATION FEES AND GROUP RATES*

ONE DAY RATE \$150.00

| Category | Early Received By Sept. 15 | Regular Received Sept. 16 Through Oct. 13 | On-Site Received After Oct. 13 | Early GROUP Received By Sept. 15 | Regular GROUP Received Sept. 16 Through Oct. 13 | On-Site GROUP Received After Oct. 13 |
|---------------------------------|--------------------------------|---|--------------------------------|----------------------------------|---|--------------------------------------|
| NLADA Program and Chief Members | <input type="checkbox"/> \$400 | <input type="checkbox"/> \$450 | <input type="checkbox"/> \$550 | <input type="checkbox"/> \$350 | <input type="checkbox"/> \$400 | <input type="checkbox"/> \$500 |
| NLADA Individual Members | <input type="checkbox"/> \$450 | <input type="checkbox"/> \$500 | <input type="checkbox"/> \$600 | <input type="checkbox"/> \$400 | <input type="checkbox"/> \$450 | <input type="checkbox"/> \$550 |
| Non-Member | <input type="checkbox"/> \$550 | <input type="checkbox"/> \$600 | <input type="checkbox"/> \$700 | <input type="checkbox"/> \$500 | <input type="checkbox"/> \$550 | <input type="checkbox"/> \$650 |
| Client | <input type="checkbox"/> \$ 75 | <input type="checkbox"/> \$ 75 | <input type="checkbox"/> \$ 75 | | | |
| Students/Paralegals | <input type="checkbox"/> \$150 | <input type="checkbox"/> \$175 | <input type="checkbox"/> \$200 | | | |

NOTE: Group rates are for four or more participants from the same organization. All group registration must be submitted together and accompanied by payment. NLADA offers programs bringing 10 or more participants a discount off the total registration amount. Please contact Camille Holmes for details at c.holmes@nlada.org or call (202) 452-0620 x 220.

- YES!** I will attend the Awards Luncheon on Friday, Nov. 10
Please select **one** meal option: vegetarian regular
(Very Important – One ticket is included with a full conference registration.)
Additional Awards Luncheon Tickets: \$40.00 each # _____
- YES!** I will attend the Joint Luncheon on Thursday, Nov. 9. \$25.00 each # _____
Please select **one** meal option: vegetarian turkey ham beef
- YES!** I want to become a member of NLADA (see left panel for fees).
- YES!** I want to attend Train the Trainers (limited to 18) (Attach form – see p. 12)

| REG. FEE |
|----------|
| |

PAYMENT (*REGISTRATIONS WILL NOT BE PROCESSED WITHOUT SOME FORM OF PAYMENT)

Check enclosed, made payable to NLADA

MasterCard Visa Credit Card # _____/_____/_____/_____

Expiration Date ____/____/____ Signature _____

Name on Card _____

| TOTAL PAYMENT* |
|----------------|
| |

PURCHASE ORDERS MUST INCLUDE THE CONTACT INFORMATION OF THE APPROPRIATE ACCOUNTING OR FINANCE DEPARTMENT THAT WILL PROCESS THE PAYMENT or MUST INCLUDE THE CONTACT INFORMATION OF THE APPROPRIATE PERSON THAT WILL PROCESS THE PAYMENT.

Name: _____ Title: _____

Phone: _____ E-mail: _____

Purchase Order #: _____

CANCELLATION POLICY

Registration fees will be refunded (less a \$75 administrative fee) for cancellations received in writing no later than **October 13, 2006**. After October 13, registration fees (less a \$75 administrative charge) are transferable but not refundable.