

Safeguarding Justice for All

2017 NLADA Annual Conference | December 6 – 9 | Washington, DC

REGISTRANT INFORMATION

Fill one form per person

Name: _____ First Name on Badge: _____

Title: _____

Organization: _____

Address: _____

City, State, Zip: _____

Email: _____ Phone: _____

Will you apply for CLE credits? No Yes, which state(s): _____

Affiliation (check all that apply): Program: Civil Defender Client Other
 Member: Private Bar Client Not Supported
 This is my first time attending the NLADA Annual Conference

Special Needs: Audio/Visual Mobility Other (please specify): _____

REGISTRATION FEE SCHEDULE

Registration Type	Early until 10/6	Regular 10/7 - 11/10	Late 11/11 - Onsite
Member	<input type="checkbox"/> \$530	<input type="checkbox"/> \$660	<input type="checkbox"/> \$770
Non-Member	<input type="checkbox"/> \$745	<input type="checkbox"/> \$900	<input type="checkbox"/> \$990
Client Member	<input type="checkbox"/> \$140	<input type="checkbox"/> \$140	<input type="checkbox"/> \$140
Client Non-Member	<input type="checkbox"/> \$190	<input type="checkbox"/> \$190	<input type="checkbox"/> \$190
Student	<input type="checkbox"/> \$220	<input type="checkbox"/> \$220	<input type="checkbox"/> \$220
Thursday Only	<input type="checkbox"/> \$300	<input type="checkbox"/> \$300	<input type="checkbox"/> \$300
Friday Only	<input type="checkbox"/> \$300	<input type="checkbox"/> \$300	<input type="checkbox"/> \$300
Saturday Only	<input type="checkbox"/> \$110	<input type="checkbox"/> \$110	<input type="checkbox"/> \$110
Member Groups (5 or more)*	<input type="checkbox"/> \$470	<input type="checkbox"/> \$575	<input type="checkbox"/> \$690
Non-Member Groups (5 or more)*	<input type="checkbox"/> \$680	<input type="checkbox"/> \$825	<input type="checkbox"/> \$850

* Groups must all be from the same organization, submitted at the same time, and accompanied by payment.

PAYMENT

(Registrations will not be processed without some form of payment.)

Check enclosed, made payable to NLADA
 MasterCard Visa AmEx Exp. Date: _____
 Card #: _____
 Name on Card: _____
 Signature: _____

Paid registration includes ONE Awards Luncheon ticket

Do you plan to attend the Awards Luncheon? Yes No

Luncheon: Regular Vegetarian Vegan Gluten-Free

Allergies/other special dietary needs (specify) _____

Additional Awards Luncheon Tickets: # _____ of tickets (\$50 each)

PRE-CONFERENCE TRAINING (December 5-6)

Train-the-Trainer \$225 NLADA Member; \$275 Non-Member
 Emerging Leaders \$100 NLADA Member; \$125 Non-Member

SAVE TIME! Register online at www.nlada.org

Membership pays for itself! Join or renew online at www.nlada.org before registering and save more than \$200 on registration.

Want to skip the extra step? Membership is included with all non-member registrations.

Is your organization a Program Member of NLADA? If so, you and your colleagues are already eligible to register at the member rates.

TOTAL PAYMENT: _____

CHECK PAYMENTS

Mail to: P.O. Box 79083, Baltimore, MD 21279-0083

CREDIT CARD OR PURCHASE ORDER PAYMENTS

Fax to: 202-872-1031

PURCHASE ORDERS must include the contact information of the person who will process the payment.

Name: _____

Title: _____

Phone: _____

Email: _____

Purchase Order #: _____