LACDL Death Penalty Seminar Registration

SEMINAR FEES

(A CD of materials will be included with all registrations)

Life Time Member	❑**$35– With Printed Materials & CD **** ❑**No Charge - CD only**
Non-Member	❑**$435– With Printed materials & CD **** ❑**$400– CD only**
Member	❑**$335– With Printed materials & CD **** ❑**$300– CD only**
New Members Joining* (must pay your dues now)	❑**$285– With Printed materials & CD **** ❑**$250– CD only**
One Day Registration	❑**$185– With Printed materials & CD **** ❑**$150– CD only**
Non-Lawyer Team (P.I., Paralegal, etc.)	❑**$235– With Printed Materials & CD **** ❑**$200– CD only**
Public Defender	❑**$235– With Printed Materials & CD **** ❑**$200 - CD only** **The above PD registration is discounted for those involved in Capital Defense Cases.**

LACDL Contact Information:
Jill Guillory: jill@tatmangroup.com
Phone: (225) 767-7640
Fax: (225) 767-7648
www.lacdl.org

Hotel Contact & Reservation Information:
Paragon Casino & Resort
711 Paragon Place
Marksville, LA
Phone: (800) 642-7777

Make your reservations by July 1, 2009 and mention our special code, "LACDL Death Penalty Seminar-LACJ22G" in order to receie the special $89 rate.
www.paragoncasinoresort.com

* New Member Joining must pay membership dues with seminar registration. Membership Dues: Lifetime $2000, Sustaining $250, Regular $150, and Indigent Defender $75.
** Written materials will not be provided at the seminar. If you would like printed materials, they must be purchased in advance before **July 13, 2009**.
All registrations received after **July 13, 2009** will incur a $50 late registration fee.
All registrations cancelled on or after **July 13, 2009** will incur a $100 cancellation fee.**There will not be any refunds for no shows or cancellation's made after July 22, 2009.**
You can fax your completed registration form with your credit card information filled in to 225-767-7648.

Method of Payment ❑**Check#** _____ ❑**Credit Card (circle one) AMX DISC MC VISA**
Makes checks payable to LACDL
Cardholder's Name _____
Card Number _____**Exp. Date**_____
Billing Address for Card_____
Signature_____ ***V-Code**_____
*** This is the 3-5 number code on the front or back of your credit card.**

Name _____**LA State Bar #** _____

Address_____

City _____ **State**_____ **Zip**_____

Phone _____ **Fax** _____ **E-mail**_____

If you would like CLE credit in another state OTHER than LA, add $25 for each state.
List each State you would like CLE Credit in_____

Registration Fee:	**$**_____
Membership Dues:	**$**_____
Late Registration Fee: (If after July 13, 2009)	**$**_____
Other State CLE Fee (LA included, $25 extra per other state)	**$**_____
Total Amount Enclosed:	**$**_____