

## REGISTRATION FORM

### FOUR WAYS TO REGISTER

#### • ONLINE

[www.cailaw.org](http://www.cailaw.org)  
credit card only

#### • FAX

972.244.3401  
credit card only

#### • MAIL

The Center for  
American and  
International Law  
5201 Democracy Drive  
Plano, TX USA 75024  
check or credit card

#### • PHONE

972.244.3400 or  
800.409.1090  
8:30am-5:00pm  
credit card only

### PAYMENT MUST ACCOMPANY REGISTRATION

### CONFIRMATIONS WILL BE SENT TO ALL REGISTRANTS.

#### CANCELLATION POLICY:

Tuition less a \$50 cancellation fee will be refunded upon written notice received by Feb. 8, 2008. Email [cburkel@cailaw.org](mailto:cburkel@cailaw.org). After these dates, no refunds, but substitution of attendees for this program will be permitted. Registrants not entitled to a refund will receive the course materials.

	<b>Feb 21</b> <i>Pre-Conference Primer Only</i>	<b>Feb 21-22</b> <i>Advanced Sessions Only</i>	<b>All Sessions</b>
Regular Registration Fee	<input type="checkbox"/> \$295	<input type="checkbox"/> \$1095	<input type="checkbox"/> \$1245
Institute for International and Comparative Law Members:			
• 2007 Advisory Board Member	<input type="checkbox"/> \$195	<input type="checkbox"/> \$695	<input type="checkbox"/> \$845
• Other Representatives of IICL Members	<input type="checkbox"/> \$245	<input type="checkbox"/> \$795	<input type="checkbox"/> \$945
Government Employees	<input type="checkbox"/> \$195	<input type="checkbox"/> \$695	<input type="checkbox"/> \$845

*Payments must accompany registration.  
Confirmations will be sent to all registrants.*

Name \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

### Payment Information

*\* Credit Card Registrations may be faxed to 972-244-3401  
or e-mailed to [cburkel@cailaw.org](mailto:cburkel@cailaw.org)*

Check enclosed payable to:

The Center for American and International Law

Credit Card:  Mastercard  VISA  
 AMEX  Discover

Card number \_\_\_\_\_

Expiration date \_\_\_\_\_

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

Billing address (if different than above address) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

WEB