

# 50TH CELEBRATION ACADEMY REUNION

June 16-19 in Plano, Texas USA

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Please email this form to: [ssingleton@cailaw.org](mailto:ssingleton@cailaw.org) OR fax to: 972-244-3401 attn: Steve Singleton

## Registration Options \*

- \$290.00 Alumnus who is member of SWIICL (reunion events only)
- \$440.00 Alumnus who is not a member of SWIICL (alumnus membership plus reunion events)

## Additional Options

\$250.00 I wish to bring a spouse or guest to the Alumni Reunion and am including the ticket price of \$250.00 in my registration payment. Please complete the following guest information (include where applicable: full name, title, company, city and state).

**Guest Information**

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## General Information

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**Full Name \***

First Name

Last Name

**Email \***

**Send confirmation email to a secondary address?**

Yes

**Secondary Email Address**

**Name on Badge \***

(What do you want us to print on your name tag?)

**Title**

**Firm/Company**

**Address \***

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

**Phone \***

**Fax**

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## Billing Address

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**Same as contact address?**

Yes

**Billing Address**

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

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## Payment Information

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**Payment Type #1: Wire Transfer**

Please send me wiring instructions

**Payment Type #2:**

Credit Card Type

**Name on Card**

First Name

Last Name

**Credit Card Number**

(Please omit dashes and spaces)

**Expiration Month**

**Expiration Year**

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