

NOSSCR CONFERENCE REGISTRATION FORM CHICAGO, SEPTEMBER 22-25, 2010

Please complete the registration form below. **Please type or print clearly.**

Name: _____

Member ID # _____ (ID # is a 4 or 5 digit # located on mailing label)

Address: _____

City, State & Zip: _____

Telephone: _____

**Early Registration Rate:
(Received on or before September 10)**

**Full Registration Rate
Including "On-Site"
(Received after September 10)**

Sustaining Member: \$460.00 \$675.00

Regular Member/Subscriber \$575.00 \$675.00

Non-Member: \$675.00 \$775.00

NEW **CONFERENCE MATERIALS:**

I would like my conference materials:

_____ (a) handbook (included in registration fee); **OR**

_____ (b) portable flash drive (included in registration fee); **OR**

_____ (c) handbook AND portable flash drive (\$50.00 additional cost to registration fee.)

Please note: You cannot change your selection at the conference.

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ATTORNEYS: CONTINUING LEGAL EDUCATION

At the conference, you will receive a registration packet containing CLE information for the states you identify below. Please make sure you carefully read and follow the directions on your memo!

STATE: _____

Bar Number: _____

STATE: _____

Bar Number: _____

STATE: _____

Bar Number: _____

ATTENDEES WHO ARE NOT ATTORNEYS: CONTINUING EDUCATION

NOSSCR will provide you with the documentation needed for SSA's Continuing Education requirement for those non-attorneys who are eligible for direct fee payment. At the conference, you will receive the documentation in your registration packet.

If you have a physical impairment and require assistance at the seminar, please let us know so that we can contact you and discuss your needs.

_____ YES, please contact me.

Please make your check payable to NOSSCR.

- ✓ **We do not accept credit cards.**
- ✓ **No sustaining member discount given with "On-Site" registrations.**

Mail to:

**NOSSCR, Attention: Cathy Thompson, Conference Coordinator
560 Sylvan Avenue, Englewood Cliffs, New Jersey 07632**

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