

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: _____

Please make your check payable to NOSSCR.

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

**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.**

ATTORNEYS: CONTINUING LEGAL EDUCATION

At the conference, you will receive a registration packet containing CLE information for the states you identify. 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 participating in the demonstration project. At the conference, you will receive the documentation in your registration packet.

**Mail to:
NOSSCR, 560 Sylvan Avenue,
Englewood Cliffs, New Jersey 07632**