

REGISTRATION FORM

BUILDING A PROFITABLE AND SATISFYING PEACEMAKING PRACTICE JUNE 19-20, 2015

Name: _____

Firm/Company: _____

Email: _____ Phone: _____
(NEEDED TO CONFIRM REGISTRATION)

Payment Options

My check for \$550 registration fee is enclosed (\$450 if received by 5/19/15)

Please charge the \$550 registration fee (\$450 if received by 5/19/15)

Name as it Appears on Card (if different): _____

Credit Card Billing Address: _____

City, State, Zip: _____

Credit Card (circle one): MasterCard VISA AMEX

Credit Card Number:

Expiration Date:

V-Code:

Amount Charged:

I authorize Boston Law Collaborative, LLC to charge the above credit card for the amount written above.

Signature: _____

Date: _____

***Please mail the registration and payment to: Audrey Lee, Boston Law Collaborative LLC,
99 Summer Street, Suite 1600, Boston, Massachusetts 02110-1254***

Cancellation policy: Registration fees will be refunded less \$20 for written cancellations received by June 5, 2015. After June 5th, we are unable to provide refunds.