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USE ENCLOSED SELF-ADDRESSED ENVELOPE

PLEASE RETURN TO ABPLA, **By MAIL:** ABPLA Two Ravina Drive Suite 300 Atlanta, GA 30346
By E-MAIL: rachelo@abpla.org or **By FAX:** (770) 390-7560. • **PLEASE PRINT CLEARLY** •

Name (as it will appear on badge): _____

Spouse/Guest Name (as it will appear on badge): _____

Firm Name: _____

Firm Address: _____

Telephone: Business () _____ Home () _____

E-Mail Address: _____

Seminar Registration fee: \$350.00

Will you be attending Welcoming Reception on Thursday Evening? Yes _____ No _____

Number in party: _____

Will you be attending the Dinner on Friday Evening? Yes _____ No _____

Number in party: _____ (@ \$165.00 Per Person)

Amount of check enclosed: _____

Will you be sitting for the examination(s) Yes _____ No _____

If yes, in which specialty area? Medical _____ Legal _____ Accounting _____

For Board Members: Will you be attending the Board of Governors Meeting/Working Lunch? Yes _____ No _____