

# Registration Form

This form may be reproduced for additional registrations.

Enclosed is a check for \$ \_\_\_\_\_

Please make check payable to ASCDC

Please charge \$ \_\_\_\_\_ to my  Mastercard  Visa

Card number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name as appears on card \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Number Attending:

Members \_\_\_\_\_ Claims \_\_\_\_\_

Non-Members \_\_\_\_\_ Party Guests \_\_\_\_\_

## ATTORNEY

\_\_\_\_\_  
Registrant State Bar #

\_\_\_\_\_  
Registrant State Bar #

\_\_\_\_\_  
Registrant State Bar #

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Name of party guest

\_\_\_\_\_  
Name of party guest

## CLAIMS PERSONNEL

\_\_\_\_\_  
Registrant

\_\_\_\_\_  
Registrant

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Name of party guest

Please reserve \_\_\_\_\_ table(s). You must register 10 people to reserve a table for Friday's luncheon.

**NO REFUNDS AFTER FRIDAY, JANUARY 27, 2006**