

# HB Litigation Conferences LLC

## Live Conference Registration Form

### TO REGISTER

Complete this form and mail/fax/email with payment information to the address below.

CONFERENCE TITLE: \_\_\_\_\_

CONFERENCE DATE: \_\_\_\_\_

TYPE OF REGISTRATION:  Individual  Multiple Attendees: *Please use a separate Registration Form for each person attending.*

Corporate Discount  Other Discount \_\_\_\_\_

I'd also like to purchase the Video Package (video recordings & PDF handbook materials). *U.S. & Canada: Please add appropriate sales tax to your order. Prepayment is required and nonrefundable.*

I'd also like to purchase the Audio Package (audio recordings & PDF handbook materials). *U.S. & Canada: Please add appropriate sales tax to your order. Prepayment is required and nonrefundable.*

I'd also like to purchase the Handbook on CD (presentation slides & reference documents). *U.S. & Canada: Please add appropriate sales tax to your order. Prepayment is required and nonrefundable.*

#### PLEASE CONTACT ME REGARDING:

Group or package DISCOUNT pricing to one or more conferences  Sponsor and exhibit opportunities

Special needs at the conference

Paid registrations will be confirmed within one week via email; please provide e-mail address below. Registration cannot be confirmed until payment is received. Payment must be received by the start of the conference. Walk-in registrations and on-site substitutions are welcome.

Registrant's Name & Title (**REQUIRED**) \_\_\_\_\_

E-mail (*to receive confirmation*) \_\_\_\_\_

Firm/Company \_\_\_\_\_

Address \_\_\_\_\_

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

Country \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name/Phone/Email of person submitting form if different from Registrant: \_\_\_\_\_

#### PAYMENT INFORMATION:

Payment Amount: \$ \_\_\_\_\_  Invoice Me  Passport Group Discount Member

Check enclosed. (Make checks payable to HB Litigation Conferences LLC. Send payment in U.S. funds drawn on a U.S. bank to address below.)

Charge My:  VISA  MasterCard  American Express

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on the card \_\_\_\_\_

Signature \_\_\_\_\_

#### GENERAL INFORMATION:

How did you hear about the conference? \_\_\_\_\_

Do you plan on staying at the hotel? \_\_\_\_\_

**Return this registration form with your payment to:**

HB Litigation Conferences LLC • 1175 Lancaster Avenue, 1<sup>st</sup> Floor • Berwyn, PA 19312  
Tel: 484-324-2755 • Fax: 484-921-1088 • info@litigationconferences.com • www.litigationconferences.com