



INDIVIDUAL Program Registration Form

Please register me for the following ALI CLE Course of Study/Webcast:

Complete this form and send with payment to: **ALI CLE Customer Service Dept., 4025 Chestnut Street, Philadelphia, PA 19104-3099.** Registrations charged to credit cards may be faxed to (215) 243-1664, telephoned to (800) CLE-NEWS (253-6397) or (215) 243-1600 or email custserv@ali-cle.org.

You may also register online for any ALI CLE program. Go to www.ali-cle.org and navigate to the applicable course information page.

Live **COURSE**/Program Title _____

Live Course Location _____

Live Course/Program No. _____ Date(s) _____ Tuition \$ _____

Live **WEBCAST** (on your computer) Program Title _____

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I would like to register for *only* a segment(s) of this program: ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H

For **group viewing** of the live webcast, please contact groupregistration@ali-cle.org.

Registrant's Name _____

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E-mail Address: *(required for webcast and telephone seminar registrants)* _____

Your e-mail address is required for webcast registrations. All communications (instructions, confirmation, etc.) will be sent to the e-mail address you provide. In addition, your e-mail address will serve as your username for webcast log in and study materials download.

If your Internet provider filters incoming e-mail, please add ali-cle.org to your list of approved senders to ensure your receipt of future e-mails.

Payment must accompany registration

Amount enclosed \$ _____ ☐ Check made payable to ALI CLE ☐ AMEX ☐ Mastercard ☐ Visa ☐ Discover

Card No. _____ Exp. Date _____ CVC _____ Signature _____

Name on card *(if different than registrant)* _____

How did you learn about this program? Please check all that apply:

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