



INDIVIDUAL Program Registration Form

Please register me for the following ALI CLE Course/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.

ON LOCATION
COURSE

Live COURSE/Program Title _____

Live Course Location _____

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

WEBCAST

Live WEBCAST (on your computer) Program Title _____

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

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 _____

Firm / Organization _____

Street Address (no P.O. boxes) _____

City _____ State _____ Zip+4 _____

Phone _____ Fax _____

E-mail Address: _____

Your e-mail address is required, as 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 account username. 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:

E-mail promotion Printed publication Web search Colleague Advertisement of related course

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