ALI-ABA LIVE WEBCAST GROUP REGISTRATION FORM

Program Title:_____ **Webcast Program No.** _____

Please complete this form, including credit card charge information, and send it by fax (215-243-1664) or e-mail (**groupregistration@ali-aba.org**). *If paying with a check*, please print out, complete, and mail it with this form to ALI-ABA, Attn.: Group Registration, 4025 Chestnut Street, Philadelphia, PA 19104-3099. **ALI-ABA must receive all registrations with payment by 5:00 p.m. Eastern Time the day before the program.** If you need assistance, contact ALI-ABA at 215-243-1600.

Primary Contact Name:

Check one: ☐ I am the coordinator *only.* ☐ Please *also* register me as a viewer.
☐ Below are *additions to my pre-registered group*.

Firm:

Street address (No P.O. boxes):

City: State: Zip+4:

Phone: ( ) Fax: ( )

Primary Contact's E-mail Address*:

***Your e-mail is required. This will be your Username for: receiving instructions, webcast log in, and study materials download**.
If your Internet provider filters incoming e-mail, please **add ali-aba.org to your list of approved senders** to ensure your receipt of future e-mails.

Group Registrants: (attach additional sheet if necessary) ***Please include e-mail address for each.***

1.
Name Phone E-mail

2
Name Phone E-mail

3.
Name Phone E-mail

4.
Name Phone E-mail

5.
Name Phone E-mail

I understand that I am responsible for seeing that each viewer receives the study materials (downloadable only).

$_____ Total (Payment must accompany registration) ☐ Check made payable to ALI-ABA enclosed.

☐ AMEX ☐ DISCOVER ☐ MasterCard ☐ VISA

Card No. Exp. Date Signature

☐ My office is a member of ALI-ABA In-House.

How did you become aware of this course? *Check all that apply*:

☐ E-mail promotion	☐ Web search	☐ Printed promotion	☐ Colleague
☐ ALI-ABA Business Development Professional		☐ Other:	Promo Code: A870
☐ Advertisement of related product			