



N A P L A

NORTHEAST ASSOCIATION OF PRE-LAW ADVISORS, INC.

**CONFERENCE REGISTRATION FORM FOR LAW SCHOOL REPRESENTATIVES
ANNUAL CONFERENCE 7-10 JUNE 2006 ARLINGTON, VA**

SCHOOL _____

NAMES & TITLES OF CONFERENCE ATTENDEES _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE _____

FAX _____

E-MAIL _____

CONFERENCE FEES

REGISTRATION FEES

For the first representative from your school @ \$325 _____

For each additional representative attending the conference @ \$150 _____

If registration form is submitted after May 5, 2006, add \$ 50 _____

(Includes all meals, except for Thursday and Friday evenings)

NON-MEMBER FEE (includes 1 year membership for 2006-2007) @ \$50 _____

(Required if school has no one who is a paid NAPLA member for 2005-2006)

SPECIAL NATIONAL PRESS CLUB PLENARY @ \$75 per person _____

Total number attending _____ Do you require a vegetarian meal? _____

TOTAL REGISTRATION FEES _____

NAPLA Federal Tax I.D.#: 23-7399236

PAYMENT (Check one of the following):

_____ Check Enclosed (Payable to NAPLA, Inc) _____ Institutional Check to follow

All payments must be received no later than Friday, June 2nd. Payments submitted after that date will be subject to a \$50 late payment fee. N.B. CREDIT CARD BILLING IS NOT AVAILABLE.

HOUSING ARRANGEMENTS MUST BE MADE DIRECTLY WITH EITHER THE SEIDMAN CENTER OR WITH THE HOLIDAY INN. SEE REGISTRATION INFORMATION BROCHURE FOR DETAILS

TO ASSIST CONFERENCE PLANNING PLEASE ANSWER ALL OF THE FOLLOWING:

Date of arrival at conference: _____ Date of departure: _____

Please circle which of the following events you expect to attend: (See conference program at www.napla.org)

Wednesday Luncheon Wednesday Dinner Thursday Lunch at American
Thursday Reception at George Washington Friday Lunch at Georgetown Closing Saturday Lunch

Please inform the Conference Registrar if any of your school's representatives have any special dietary requirements or disabilities requiring accommodation.

**MAIL OR FAX REGISTRATION FORM TO:
F.X.J. Homer, NAPLA Conference Registrar
Dep't of History, University of Scranton
Scranton, PA 18510-4674
FAX 570-941-5843**

Retain a copy of this form for your records. Receipts for conference payments will be available at the conference.