# **Registration Form 2025**

Name					
	As you wish it to appear on your certificate of completion				
	As you wish it to appear on your name tag (if different)				
Bar Nun	mber			State	
Firm _					
Address	i				
City			State		_ Zip
Phone _					
Email _					
Years of Practice					
Number of Trials Bench _					
				Include 1st a	nd significant 2nd Chair
Other applicable experience					
☐ Enclosed is our check payable to Virginia CLE.					
□ Ple	ease bill my cr	edit card.	☐ Visa	☐ MC	☐ AmEx
Card No	)				
Exp. Dat	te Security Code				
Name o	n Card				
Billing Address (if different)					
City			State		_ Zip
Signatu	re				

### **Registration Fees**

Includes the program and materials, lunch, beverages and snacks, and a reception with the faculty

- Before Oct. 14, 2024 \$3,375
- ☐ From Oct. 14 to Nov. 17, 2024 − \$3,475
- ☐ After Nov. 17, 2024 − \$3,695

## **Return completed form to**

CLE Registrations 105 Whitewood Road Charlottesville, VA 22901

# Register by phone or fax

Phone: 1.800.979.8253 Fax: 1.434.979.3147

#### **Contact**

Kim Villio, Administrator kvillio@vacle.org 434.951.0036

Start 2025 with an inspiring and unforgettable week that has changed the careers of thousands of lawyers.

