

**Live Webcast / Telephone Seminar / On Location Course of Study** Group Registration / Registrant Update Form

Complete this form, including credit card charge information, and send by fax (215-243-1664) or mail to: **ALI-ABA Customer Service Dept., Group Registration, 4025 Chestnut Street, Philadelphia, PA 19104-3099.** (If paying by check, please return this form with payment.) ALI-ABA must receive all registrations with payment by 5:00 p.m. Eastern time the day preceding the program broadcast. Please contact ALI-ABA Customer Service at 215-243-1600 for assistance. For the *individual registration form*, [click here](#).

Program Title \_\_\_\_\_ Course Code \_\_\_\_\_ Program Date \_\_\_\_\_

check one:     on location course of study     webcast     telephone seminar

Primary Contact Name \_\_\_\_\_

check one:     I am the coordinator *only*    —OR—     I will *also* attend     below are *additions to my pre-registered group*

Firm / Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Primary Contact's E-mail Address: (*required for webcast registrations*) \_\_\_\_\_

**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-aba.org to your list of approved senders to ensure your receipt of future e-mails.

**Group Registrants (use page 2 if necessary)**

*please include e-mail addresses for each registrant listed*

NAME ▼	PHONE ▼	E-MAIL ▼
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

**Payment must accompany registration**

Amount enclosed \$ \_\_\_\_\_  Check made payable to ALI-ABA     AMEX     Mastercard     Visa     Discover

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ 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

Facebook     Twitter     Other \_\_\_\_\_

Group Registration / Registrant Update Form — page 2

**Group Registrants (additional names)**

*please include e-mail addresses for each registrant listed*

NAME ▼	PHONE ▼	E-MAIL ▼
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