DISCIPLINE & INTERNAL INVESTIGATIONS REGISTRATION INFORMATION

Telephone (800) 763-2802
or (847) 685-0700

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Fax (24 Hours) (800) 763-3221
or (847) 685-9700

HOTEL

Upon registering with AELE you will receive an attendant's memo outlining the workshop activities. Hotel reservations are the individual registrant's responsibility and should be made as soon as possible.

The Orleans Hotel & Casino is located at 4500 W. Tropicana Ave., Las Vegas, NV 89103, (800) 675-3267 or (702) 365-7111. A limited number of rooms have been reserved if booked before November 11, 2009 at a maximum rate of $48.00 per night, single or double occupancy, plus a 9% room tax (Sunday through Tuesday). The group code **"9AELC12"** must be used to obtain this rate. Due to promotional pricing offers, rates could be lower if booked by phone or on an Internet hotel site without the group code.

AELE WORKSHOPS
P.O. Box 75401
Chicago, IL 60675-5401

This form can be completed online. Put your mouse pointer on a blank line and then type your information. Then print the form and fax it to 1-800-763-3221 or mail to AELE.

TUITION

EARLY REGISTRATION: Fees for the workshop are: $795.00 for the first person and $695.00 for each additional person from the same government agency or private employer (including the attorney for the entity).

• $ _____ is due; ☐ Check enclosed; ☐ Bill agency; ☐ Charge my credit card Purchase Order No. _____(if needed).

VISA, MasterCard or American Express accepted. Credit Card# _____ Exp. Date _____

Signature (if using a Credit Card) _____

CANCELLATION POLICY: The tuition is fully refundable if cancellations are made before Monday, December 7, 2009. Otherwise, a $100.00 cancellation fee will be charged per attendant. Upon written request, you may transfer your tuition to a future workshop.

REGISTRATION FORM

Register me for the Discipline Workshop, December 14-16, 2009

Name _____ Title _____ ☐ Attorney ☐ Non-Attorney

Agency or Organization _____

Address _____

City _____ State _____ Zip _____

Business Phone (____) _____ E-Mail Address _____

Fax Number (____) _____ **Our Federal Tax ID # is: 36-6140171**

I hereby authorize AELE to confirm my registration (or to send information relating to this seminar) by (a) sending me a fax at the above number, and/or (b) sending me an e-mail, and/or (c) telephoning me at the above number.

Signature (Required): _____

RETURN PROMPTLY

DO NOT DELAY REGISTRATION WHILE AWAITING FORMAL APPROVAL OR A PURCHASE ORDER.

SEND OR FAX A COPY OF THIS APPLICATION, MARKED "PENDING APPROVAL."