

DISCIPLINE AND INTERNAL INVESTIGATIONS REGISTRATION INFORMATION

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

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 Avenue, Las Vegas, Nevada 89103, (800) 675-3267. A limited number of rooms have been reserved if booked before August 31, 2017 at a maximum rate of \$66 per night, single or double occupancy, Sunday through Thursday. The group code "A7ALC10" must be used to obtain this rate. Reservations can also be booked through the Hotel's website at www.orleanscasino.com/groups using the group code. Due to promotional pricing offers, rates could be lower if booked by phone or on an internet site without the group code.



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

Move your pointer to a blank space, and use your keyboard to complete the form.
Mark selection boxes with a pen. Then fax to our secure line at 1-800-763-3221.
Toll-free in the U.S. & Canada.

TUITION

REGISTRATION: Fees for the workshop are: \$1,290.00 for the first person and \$1,190.00 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, MC, Am Exp or Discover accepted. Credit Card# _____ Exp. Date _____



Signature (if using a Credit Card) _____

CANCELLATION POLICY: The tuition is fully refundable if cancellations are made before Monday, Monday, September 25, 2017. 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, October 2-5, 2017

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."