

Registration

Name _____

Firm/Company _____

Address _____

City _____ State _____ Zip _____

Telephone () _____

Fax () _____

E-mail _____

Registration Rates

\$295 (Regular)

\$195 (Govt./Academic/Nonprofit)

Continuing Education Credit

CLE/CPE Bar No. _____

(circle one) State(s) _____

ABI Membership Rate (optional)

\$250 Regular

\$95 Govt./Academic/Nonprofit/Auctioneer

ABI Endowment Fund* (optional)

Yes, I'd like to contribute to the ABI Endowment Fund.

 ___ \$50 ___ \$100 ___ \$250 ___ Other Amount

Yes, I'd like to make a pledge. Please contact me regarding billing.

*Tax deductible.

Payment Information

Check payable to American Bankruptcy Institute enclosed.

TOTAL \$ _____

  

Acct. No. _____

Exp. Date _____

Signature _____

Questions? Call ABI at (703) 739-0800 or visit

ABI World at www.abiworld.org/ONE06 and

register online! Fax credit card orders to

(703) 739-1060, or send completed registration form

and payment to: ABI, 44 Canal Center Plaza, Suite 404,
Alexandria, VA 22314.

Register online at www.abiworld.org/ONE06