

United States Court of Federal Claims

17th Judicial Conference Registration Form

Name:

(Last)

(First)

(M.I.)

Address:

(Street Address)

(City)

(State)

(Zip Code)

Home Phone:

Business Phone:

Email Address:

Place of Employment:

Employment Address:

(Street Address)

(City)

(State)

(Zip Code)

Date:

Registration Fees: Govt. Attorney CFC Bar Assn. Member: \$175.00 Private Attorney CFC Bar Assn. Member: \$225.00
Govt. Attorney Not CFC Bar Assn. Member: \$200.00 Private Attorney Not CFC Bar Assn. Member: \$250.00

Registration Amount:

A late fee of \$50.00 must be added for registrations received after October 15, 2004

Method of Payment: Credit Card Check Training Voucher

Credit Card Number:

Signature:

Expiration Date:

Mastercard

Visa

Name as it appears on Card:

Check Number:

If paying by credit card, you may fax the completed Registration Form to 202-208-4953 or email¹ it to carole_bailey@ao.uscourts.gov. Or, if paying by check or voucher, detach and return completed Registration Form along with payment to:

U.S. Court of Federal Claims

Attn: Carole Bailey

717 Madison Place, NW

Washington, D.C. 20005

Make Checks Payable to: **Judicial Conference Fund.**

¹You must have Adobe Acrobat to save the completed PDF file to your hard drive and attach the it to the e-mail.