

APPLICATION FOR REGIONAL SEMINAR 2010

WASHINGTON REGIONAL SEMINAR - March 25-28, 2010

Sleeping Lady Lodge • Leavenworth, WA

Focus on Closing Argument

Application Deadline: March 15, 2010



Thunderhead Ranch

www.TrialLawyersCollege.com

P.O. Box 943

Jackson, WY 83001-0943

(307)734-4430 • FAX (307)733-5248

Either full tuition of \$1,699 or a \$500 deposit must accompany your completed application form. **Advance registration** is required. Submit your application as soon as possible to ensure that you will have a space. We must receive full tuition prior to commencement of the seminar. If you are accepted for the seminar, your deposit is non-refundable. Prior to acceptance, cancellations must be in writing and received by us on or before the application deadlines set forth above. There are no refunds after the seminar begins. Tuition includes room, board and materials.

Name	Gender	Age	Race (Optional)
Firm Name	Mailing Address		
City	State	Zip	
Telephone Number	Fax Number		
Email Address	State(s) and year(s) in which admitted to the Bar		
Type of Practice: Civil or Criminal Law, Public Defender or Paralegal?	Total Years in Practice		

■ How did you hear about us—recommended by, or? _____

■ Are you a member of the bar in good standing? Yes _____ No _____

■ Do you or your firm currently represent insurance companies, large corporations or governmental entities (other than legal services or public defenders)? Yes _____ No _____

If yes, please explain (use additional sheet if necessary): _____

■ Do you suffer any mental or emotional problems that would make it difficult for you to take part in psychodrama, which is an experience in self-exploration and validation? Yes _____ No _____

■ You will be assigned roommates of the same gender by random selection. Do you object to this? Yes _____ No _____

■ Please list three references with whom we can discuss you as a person, lawyer or both. If you know someone who has attended the Trial Lawyers College, please list that person first.

Name	Relationship	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

■ Please list any physical or dietary limitations that you have. _____

Check enclosed for: \$ _____ Charge my deposit of \$500, or my full tuition of \$1,699 to my:
 Visa Mastercard Amex Acct. No. _____ Exp. ____ / ____

Billing Address for card (if different than above): _____

The Trial Lawyers College seminars are exclusively for trial lawyers who represent people. Corporate defense, insurance defense lawyers and prosecutors will not be accepted. The Trial Lawyers College reserves the right to deny acceptance to any applicant. By signing below, you are certifying that the information set forth above is true and correct and authorize the Trial Lawyers College to verify the accuracy of any information provided on this application.

2010_ws Date _____ Signature _____