

APPLICATION FOR REGIONAL SEMINAR 2009



Thunderhead Ranch

777 E. Tahquitz Canyon Way, Suite 321
Palm Springs, CA 92262 • www.TrialLawyersCollege.com
(800)688-1611 • (760)322-3783 • Fax (760)322-3714

OHIO REGIONAL SEMINAR - October 15-18, 2009

Mohican State Park • Perrysville, Ohio

Focus on Psychodramatic Skills for the Trial Lawyer

Application Deadline: October 2, 2009

Either full tuition of \$1,475, 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 Current Law Practice | Total Years in Practice | | |

■ How did you hear about us? _____

■ 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. _____

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.

Date _____ Signature _____

Enclosed is my check in the amount of \$ _____

Please charge my deposit of \$500, or my full tuition of \$1,475 to my:

Visa Mastercard Acct. No. _____ - _____ - _____ - _____ Exp. ____ / ____