# **PRINTABLE ORDER FORM**

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DECICTDANT NAME

BARCARD NUMBER (If Applicable)			STATE	
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ADDRESS				
ADDRESS LINE 2				
CITY	STATE	ZIP		
REGISTRANT'S EMAIL*				
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* Receipts will be emailed to these addresses PHONE NUMBER				

## **PAYMENT INFORMATION**

MasterCard American Express

Purchase Order Check Make check payable to The University of Texas at Austin

CREDIT CARD NUMBER (If Applicable)

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CARD SECURITY CODE

PURCHASE ORDER NUMBER (If Applicable) Include a copy of the purchase order upon submission

AUTHORIZED SIGNATURE

## **TOTAL PAYMENT \$**

### HOW TO REGISTER

**Online:** www.utcle.org Fax: 512.475.6876

Mail: The University of Texas School of Law CLE P.O. Box 12883 Austin, TX 78711

If you have accessibility needs and would like to request accommodations under the Americans with Disabilities Act, please contact Customer Service at 512.475.6700 or service@utcle.org at least 10 business days prior to the conference.