PRINTABLE ORDER FORM

CUSTOMER INFORMATION	
REGISTRANT NAME	
BARCARD NUMBER (If Applicable)	STAT
BUSINESS NAME	
ADDRESS	
ADDRESS LINE 2	
CITY STATE ZIF REGISTRANT'S EMAIL*)
ASSISTANT'S EMAIL* (Optional)	
* Receipts will be emailed to these addresses PHONE NUMBER	
FAX NUMBER	
PAYMENT INFORMATION	
Visa Purchase Or MasterCard Check American Express Make check payable The University of Te CREDIT CARD NUMBER (If Applicable)	e to
	REGISTRANT NAME BARCARD NUMBER (If Applicable) BUSINESS NAME ADDRESS ADDRESS ADDRESS LINE 2 CITY STATE CITY STATE ZITY STATE REGISTRANT'S EMAIL* ASSISTANT'S EMAIL* (Optional) * Receipts will be emailed to these addresses PHONE NUMBER FAX NUMBER Visa MasterCard American Express

EXPIRATION DATE

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 <u>service@utcle.org</u> at least 10 business days prior to the conference.