

CONFERENCE INFORMATION

7th Annual**Consumer Bankruptcy Practice****Practical solutions to the tough questions facing consumer bankruptcy practitioners.**

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SUBTOTAL \$

SALES TAX \$

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CUSTOMER INFORMATION

REGISTRANT NAME

BARCARD NUMBER (If Applicable)

STATE

BUSINESS NAME

ADDRESS

ADDRESS LINE 2

CITY

STATE

ZIP

REGISTRANT'S EMAIL*

ASSISTANT'S EMAIL* (Optional)

* Receipts will be emailed to these addresses

PHONE NUMBER

FAX NUMBER

PAYMENT INFORMATION

Visa
MasterCard
American ExpressPurchase Order
CheckMake check payable to
The University of Texas at Austin

CREDIT CARD NUMBER (If Applicable)

EXPIRATION DATE

CARD SECURITY CODE

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

AUTHORIZED SIGNATURE

TOTAL PAYMENT \$

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512.475.6876

Mail:The University of Texas School of Law CLE
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Austin, TX 78711

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