

## CONFERENCE INFORMATION

2019

**Confessions of a Solo Practitioner: The  
Ups, Downs and Everything in Between**

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**TOTAL \$**

## 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 Express

Purchase Order

Check

Make check payable to  
The University of Texas at AustinCREDIT CARD NUMBER *(If Applicable)*

EXPIRATION DATE

CARD SECURITY CODE

PURCHASE ORDER NUMBER *(If Applicable)*

AUTHORIZED SIGNATURE

TOTAL PAYMENT \$

## HOW TO REGISTER

**Online:**[www.utcle.org](http://www.utcle.org)**Fax:**

512.475.6876

**Mail:**The University of Texas School of Law CLE  
PO Box 7759  
Austin, TX 78713-7759

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](mailto:service@utcle.org) at least 10 business days prior to the conference.