

Phoenix Rising

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REGISTRATION FORM

Name _____

Address _____

Phone Numbers:

Work _____ Home _____ Cell _____

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Years of practice _____

Employer _____

How did you hear about this workshop?

- Flyer
- My bar organization _____
- Internet (please specify website) _____
- Friend or co-worker
- Other (please specify) _____

-
- \$25 Law students
 - \$75 Members of SCCLA & Co-sponsoring organizations
 - \$85 Non-members

Send registration form and payment to:

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