

Seminar Registration Form

This form may be mailed or faxed to (212) 695-6602 or downloaded and emailed from our website at www.sfl-legal.com

Participant's Name:	
Company Name:	
Company Address:	
Telephone:	Fax:
E-mail:	

Please choose which session you will attend:

- Automobile Liability Cargo Liability

\$895 includes course materials and breakfast and lunch both days. To reserve your place please send a check for \$895 for each participant, payable to **Schindel, Farman, Lipsius, Gardner & Rabinovich LLP, 14 Penn Plaza, New York, NY 10122**. Tuition is refundable if your cancellation is received by April 20, 2009.

Hotel Registration

Crown Plaza Hotel, La Guardia Airport

Arrival Date: _____ Departure Date: _____

<input type="checkbox"/> Single Room	<input type="checkbox"/> Double Room	<input type="checkbox"/> Smoking	<input type="checkbox"/> Non-Smoking
If double occupancy, name of person sharing room:			

Rates: April 24-26, 2009: \$139; April 27-30, 2009: \$169

The hotel will bill participants directly. Please supply us with a major credit card number to guarantee hotel reservations.

Credit Card Type: _____

Credit Card No.: _____ Exp. Date: _____

Credit Card Authorization Form

You may elect to pay for the attendance at the seminar by credit card. Your card will be charged on April 20, 2009. Please sign this form and submit by mail or fax.

Cardholder Name:		Daytime Telephone Number:	
Cardholder Billing Address:		City:	State: Zip:
Credit Card (circle one):	MasterCard Visa AMEX Discover	Card Number:	Expiration Date: *CVV / CVC:
I authorize a charge against my credit card in the amount of \$895.00		Cardholder Signature	Date

* This is the three or four digit card verification security code found either on the front (AMEX) or back (Visa, MasterCard) of your credit card

Seminar Registration Form

This form may be mailed or faxed to (212) 695-6602 or downloaded and emailed from our website at www.sfl-legal.com

Participant's Name:	
Company Name:	
Company Address:	
Telephone:	Fax:
E-mail:	

Please choose which session you will attend:

- Automobile Liability Cargo Liability

\$895 includes course materials and breakfast and lunch both days. To reserve your place please send a check for \$895 for each participant, payable to **Schindel, Farman, Lipsius, Gardner & Rabinovich LLP, 14 Penn Plaza, New York, NY 10122**. Tuition is refundable if your cancellation is received by April 20, 2009.

Hotel Registration

Crown Plaza Hotel, La Guardia Airport

Arrival Date: _____ Departure Date: _____

<input type="checkbox"/> Single Room	<input type="checkbox"/> Double Room	<input type="checkbox"/> Smoking	<input type="checkbox"/> Non-Smoking
If double occupancy, name of person sharing room:			

Rates: April 24-26, 2009: \$139; April 27-30, 2009: \$169

The hotel will bill participants directly. Please supply us with a major credit card number to guarantee hotel reservations.

Credit Card Type: _____

Credit Card No.: _____ Exp. Date: _____

Credit Card Authorization Form

You may elect to pay for the attendance at the seminar by credit card. Your card will be charged on April 20, 2009. Please sign this form and submit by mail or fax.

Cardholder Name:		Daytime Telephone Number:	
Cardholder Billing Address:		City:	State: Zip:
Credit Card (circle one):	MasterCard Visa AMEX Discover	Card Number:	Expiration Date: *CVV / CVC:
I authorize a charge against my credit card in the amount of \$895.00		Cardholder Signature	Date

* This is the three or four digit card verification security code found either on the front (AMEX) or back (Visa, MasterCard) of your credit card