

**NEW YORK ACADEMY OF TRIAL LAWYERS
REGISTRATION FORM**

**LAW & CULTURE: COLOMBIA
MARCH 6-14, 2018**

If reserving space in a double, please indicate names of both parties. Deposits may be paid separately. Deposit must accompany this form to confirm participation. Complete one form per room. Please note your passport must be valid at the time of entry into Colombia.

PARTICIPANT INFORMATION:

GUEST 1			
LAST NAME (AS SHOWN ON PASSPORT)	FIRST NAME	MIDDLE	
ADDRESS			
STREET ADDRESS	CITY	STATE	ZIP CODE
PHONE			
HOME	CELL	OFFICE	
EMAIL**		ALT EMAIL	
<small>** ALL INFORMATION, FORMS, CONFIRMATIONS, AND INVOICES ARE SENT ELECTRONICALLY.</small>			

GUEST 2*			
LAST NAME (AS SHOWN ON PASSPORT)	FIRST NAME	MIDDLE	
ADDRESS			
STREET ADDRESS	CITY	STATE	ZIP CODE
PHONE			
HOME	CELL	OFFICE	
EMAIL**		ALT EMAIL	
<small>** ALL INFORMATION, FORMS, CONFIRMATIONS, AND INVOICES ARE SENT ELECTRONICALLY. * <input type="checkbox"/> INVOICE INDIVIDUALLY <input type="checkbox"/> DEPOSITS SENT SEPARATELY</small>			

ACCOMMODATIONS: (COST PER PERSON)

<input type="checkbox"/> DOUBLE ROOM	\$4,325	<small>IF RESERVING SPACES IN <u>DOUBLE OCCUPANCY</u>, PLEASE PROVIDE BOTH NAMES ABOVE AND INDICATE:</small>	<input type="checkbox"/> 1 KING BED OR	<input type="checkbox"/> 2 DOUBLE BEDS
<input type="checkbox"/> SINGLE ROOM	\$5,285			

Total amount of check \$ _____ . Enclose your deposit check payable to **CLE Abroad** for the amount of **\$1,000 per person** to reserve your space. **Deposit due no later than December 6, 2017.**

Upon receipt of your deposit, a letter of confirmation will be sent to you electronically. Additional information and forms to be completed and returned will be sent at a later date. An invoice for the remaining balance owed will be included at that time. **Full payment is due by January 6, 2018.**

PAYMENT:

- Payments are nontransferable and nonrefundable after the dates noted in the cancellation policy
- **CREDIT CARDS ARE NOT ACCEPTED**

CANCELLATION POLICY:

- Deposit is non-refundable after December 6, 2017
- Cancellations after January 6, 2018 will forfeit entire cost of trip
- All cancellations must be made in writing via email to the Laura Adams at Laura@CLE-Abroad.com.

By signing below, I hereby agree to the aforementioned cancellation policy.

Signature: _____ **Date:** _____

We strongly recommend you purchase Trip Cancellation Insurance to cover unforeseen circumstances requiring cancellation of your travel. Information on acquiring trip insurance will be sent to you with your letter of confirmation. You will have two weeks from the date of confirmation to apply for insurance for coverage of pre-existing conditions.

Please return this form along with your check made payable to CLE ABROAD to:

CLE ABROAD • 1215 EL PAISANO DRIVE • FALLBROOK, CA 92028