



## 2005 Bench-Bar Conference Registration Form

### Sept. 30 & Oct. 1, 2005 – The Quarter at Tropicana, Atlantic City, NJ

(Please Note: Judges will receive separate conference materials)

Each attendee must fill out a registration form in its entirety (non-attorney guests may be included on the form). Make checks payable to Philadelphia Bar Association and mail to: 2005 Bench-Bar Conference, Philadelphia Bar Association, 1101 Market St., 11th Fl., Philadelphia, PA 19107, or pay with your credit card below and fax to (215) 238-1159. This form is also available at [www.philadelphiabar.org](http://www.philadelphiabar.org). NOTE: Hotel reservations must be made separately by calling (800) 247-8767. Mention "Philadelphia Bar Association/2005 Bench-Bar Conference" to take advantage of the special rate of \$185 per night plus taxes. Hotel reservations must be made by Friday, Sept. 9, 2005.

Registration Type (all prices are per person)	Assn. Member	Assn. Member Nonprofit, Gov. Attorneys & YLD	Non-Member Attorney	Amount Owed
Full Conference—Regular: Friday Opening Luncheon, Friday Night Grand Reception, Saturday Breakfast, Saturday Closing Luncheon, Course Materials, Up to 6.5 CLE Credits	\$445	\$295	\$495	
One Day Attendee—Friday: Friday Opening Luncheon, Friday Night Grand Reception, Course Materials, CLE Credits for Friday only	\$245	\$195	\$295	
One Day Attendee—Saturday: Saturday Breakfast, Saturday Closing Luncheon, Course Materials, CLE Credits for Saturday only	\$245	\$195	\$295	
Grand Reception—Friday Evening Only	\$125	\$100	\$150	

**Non-Attorney Guest Registration - \$150 Per Guest**

*Price includes food and social functions only.*

Please register me for \_\_\_\_\_ guest(s) at \$150 per guest.

Sub-Total: \_\_\_\_\_

Guest Total: \_\_\_\_\_

Total Amount Due: \_\_\_\_\_

Attendee Name: \_\_\_\_\_

Nickname on Badge (if different from above): \_\_\_\_\_

Company/Organization \_\_\_\_\_

Guest Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Special/Dietary Needs: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Card Type: \_\_\_\_\_ American Express \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_