

Registration



2016 Workshop for New Law School Teachers

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Last Name

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First Name

Middle Initial

| Registration Type | By May 19 | After May 19 |
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| <input type="checkbox"/> Faculty of Member and Fee-Paid Schools | \$580 | \$630 |
| <input type="checkbox"/> Faculty of Non Fee-Paid Law Schools | \$630 | \$680 |
| TOTAL | | |
| <input type="checkbox"/> Vegan/Vegetarian meal option <i>(no dairy, animal products, gluten, or nuts)</i> | | |
| <input type="checkbox"/> I would like to have my email included on an attendee list distributed to all participants and workshop exhibitors. | | |

On-Site Registration

If your form with payment has not arrived at AALS by June 2, 2016 it will be necessary for you to register on-site. Please note there is an additional charge of \$50 to register on-site.

Cancellation Policy

Registration fees will be refunded less a \$50 processing fee for written cancellations received by May 26, 2016 at registration@aals.org. Refunds will not be given for cancellations received after May 26.

Access-Related Accommodations

AALS is committed to making our meetings and events accessible to all attendees. Contact AALS at accommodations@aals.org so that we may assist you with any services you need.

Registrant Information

Badge Name *(if different from left)*

Law School/Organization

City

State

Email

Secondary Email (for additional confirmation)

Teaching Demographics

Number of years teaching?

0 1 2 3 4 5 6+

Which describes your current role?

Tenure Track Teacher Contract Fellow
 Visiting Assistant Professor Other _____

Number of years in this role: _____

Small Group Preference

Select which one you would like to attend:

- Designing Your Research Agenda from Scratch
- Pursuing Your Research Agenda
- Clinical Faculty Research

Hospitality Events

Select any you would like to attend *(no extra charge):*

- Section on Women in Legal Education
Fri., June 10 - 8 am to 9 am
- Section on Sexual Orientation and Gender Identity Issues
Fri., June 10 - 6:30 pm to 7:30 pm
- Section on Minority Groups
Sat., June 11 - 8 am to 9 am

Please complete all of this section. Credit cards cannot be processed if all information is not provided.

Print name on credit card: _____

CREDIT CARD #

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American Express MasterCard Visa

I authorize this charge on my credit card.

Signature of cardholder: _____

Expiration Date: _____/_____(required)

• **Paying by Credit Card?** Complete this form and fax to (202) 872-1829 or mail to the address below.

• **Paying by Check?** Make payable to AALS in U.S. Dollars and mail, with this form, to: 1614 20th Street NW, Washington, DC 20009