



# Registration

## 2017 Conference on Clinical Legal Education

Last Name

First Name

Middle Initial

### Conference on Clinical Legal Education By April 18

Clinical Teachers & Staff, Member and Fee-Paid Schools	\$455
Clinical Teachers & Staff, Non Fee-Paid Law Schools	\$505
Clinical Teachers & Staff, International Law Schools	\$455

### Clinical & Experiential Law Program Directors Workshop

Faculty of Member and Fee-Paid Schools	\$215
Faculty of Non Fee-Paid Law Schools	\$265
Faculty of International Law Schools	\$215

**TOTAL**

- Vegan/Vegetarian meal option**  
*(no dairy, animal products, gluten, or nuts)*
- Check this box if you identify as a new clinician.**
- Check this box if you plan to attend the Reception hosted by University of Denver, Sturm of Law**  
*(Sunday, May 7, 5:30 pm - 6:30 pm)*

#### On-Site Registration

If your form with payment has not arrived at AALS by April 18, 2017 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

The registration fee will be refunded in full for cancellations through April 18; a refund less \$50, which covers administrative costs, will be given for cancellations received April 19 through April 28; no refunds will be given after April 28. Please contact AALS at [registration@aals.org](mailto:registration@aals.org) to cancel your registration.

#### Access-Related Accommodations

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

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

Print name on credit card: \_\_\_\_\_

CREDIT CARD #

- American Express
- MasterCard
- Visa

I authorize this charge on my credit card.

Signature of cardholder: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ (required)

### Registrant Information

Badge Name *(if different from left)*

Law School/Organization

City

State

Email

Secondary Email *(for additional confirmation)*

### Working Sessions

Please select **one** working group choice below. Due to limits on the number of rooms for Working Sessions, and the fact that some subjects for Working Sessions need multiple sections, it is possible that your preference will not be available. We may need to combine groups based on actual enrollment and on available space.

- Alternative Dispute Resolution
- Appellate Litigation
- Associate Deans of Experiential Learning
- Civil Rights/Discrimination
- Clinic Administrators
- Community Economic Development
- Community Lawyering
- Criminal Law
- Critical Theory
- Education Law
- Elder Law
- Environmental
- Externships
- Family/Domestic Violence
- Family Law
- Health and Disability
- Housing
- Immigration
- Interdisciplinary (Medical/Legal Collaboration)
- International Human Rights
- Juvenile Law
- Legislative/Policy Lawyering
- Poverty Law
- Tax/Securities Arbitration
- Transaction Law/Small Business
- Veterans Law
- Other: \_\_\_\_\_

- **Paying by Credit Card?** Complete this form and fax to (202) 872-1829 or mail to 1614 20th Street NW, Washington, DC 20009
- **Paying by Check?** Make payable to *Association of American Law Schools* in U.S. Dollars and mail with this form.