

**LAWYERS PROFESSIONAL RESPONSIBILITY 2011
SEMINAR**

Friday, October 7, 2011

REGISTRATION FORM

Mail to:

Office of Lawyers Prof. Resp.
1500 Landmark Towers
345 St. Peter Street
St. Paul, MN 55102-1218

_____ I am a **lawyer** and I will attend the Professional Responsibility seminar.
I enclose the \$60.00 registration fee.

_____ I am a **non-lawyer** and I will attend the Professional Responsibility seminar.
I enclose the \$30.00 registration fee.

Name _____

Address _____

City, State, Zip _____

Phone _____ District Ethics Committee No. _____
or Affiliation

E-mail address _____

Make checks payable to: **Lawyers Prof. Resp. Board**

Please enclose appropriate registration fee, which will include lunch and written materials. We cannot accept credit cards. No refunds will be given upon cancellation. Please note if you have any dietary restrictions _____.

Please check if you require special accommodations. Someone from the Office will contact you _____.

RETURN REGISTRATION BY SEPTEMBER 29, 2011.

YOU WILL NOT RECEIVE A CONFIRMATION. THIS REGISTRATION WILL CONFIRM YOUR ATTENDANCE.