

**NACTT SEMINAR \*\*\*WASHINGTON DC\*\*\*JULY 7-10, 2021  
REGISTRATION FORM**

**VIRTUAL ONLY REGISTRATION FORM**

**NACTT *Virtual Seminar Registration* 18.5 CLE HOURS Available**

**Live Virtual Zoom and Pre-Recorded Sessions will be released on the day scheduled in the program.**

**Sessions will remain available to all registered attendees 30 days after the release date!**

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

Company/Firm Name: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

*(Zoom link and Educational material information will be sent to this e-mail address)*

***Registration Fee***

***(All Education Material included in Free Download)***

**Virtual Only Registration**

- |  |        |  |       |
|--|--------|--|-------|
| <input type="checkbox"/> <b>Trustee NACTT Member</b>                                     | \$900  | <input type="checkbox"/> <b>Social Attendee (Adult or Child 13-17)</b> | \$300 |
| <input type="checkbox"/> <b>Associate NACTT Member</b>                                   | \$900  | <input type="checkbox"/> <b>Social Attendee (Child 6-12)</b>           | \$125 |
| <input type="checkbox"/> <b>Staff Attorney NACTT Trustee</b>                             | \$900  | <input type="checkbox"/> <b>Social Attendee (Child 3-5)</b>            | \$75  |
| <input type="checkbox"/> <b>Staff of NACTT Member</b>                                    | \$800  |  |       |
| <input type="checkbox"/> <b>EOUST/DOJ of Office of the US Courts</b>                     | \$800  |  |       |
| <input type="checkbox"/> <b>Non-NACTT Member</b>   | \$1200 |  |       |
| <input type="checkbox"/> <b>Bankruptcy Judge</b>   | \$400  |  |       |
| <input type="checkbox"/> <b>NACTT Associate Membership Dues</b>                          | \$250  |  |       |
| <input type="checkbox"/> <b>Case Law Book Electronic</b>                                 | \$0    |  |       |
| <input type="checkbox"/> <b>Case Law Book Printed (will be shipped to address above)</b> | \$20   |  |       |

**Total Registration** \$ \_\_\_\_\_

**METHOD OF PAYMENT:**  Check       Mastercard/Visa       American Express

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

Signature: \_\_\_\_\_

