

## FOUR WAYS TO REGISTER

### Online

www.cailaw.org  
credit card only

### Phone

972.244.3400 or  
800.409.1090  
8:30am-5:00pm CST  
credit card only

### Fax

972.244.3401  
credit card only

### Mail

The Center for American  
and International Law  
5201 Democracy Drive  
Plano, TX USA 75024  
check or credit card

PAYMENT MUST  
ACCOMPANY  
REGISTRATION

CONFIRMATIONS WILL  
BE MAILED

### CANCELLATION POLICY:

Tuition less a \$50 cancella-  
tion fee will be refunded upon  
receipt of written cancellation  
received by April 7, 2006.  
After this date, no refunds,  
but substitution of attendees  
for this program will be per-  
mitted. Registrants not enti-  
tled to a refund will receive  
the course materials. Email:  
cburkel@cailaw.org.

**MCLE CREDIT:** This course  
has been approved by the  
State Bar of Texas for 27 hrs.  
of MCLE credit, including 2  
hours of ethics. Course ID  
Number: 000095464. Sign-  
in sheets and/or certificates  
of attendance will be avail-  
able for ALL states.

**SPECIALIZATION:** We antici-  
pate both of the following  
credits from the Texas Board  
of Specialization: 1) certifica-  
tion and recertification in  
Labor and Employment Law;  
2) 24 hr. NLRA requirement  
for the current application  
filing period.

## WEB REGISTRATION

### LABOR LAW AND LABOR ARBITRATION April 24-28, 2006

#### CHECK APPLICABLE BOX:

- Regular Tuition: \$995 (\$1,045 if received after April 9, 2006.)
- Member Tuition (Member of The Center for American and International Law):  
\$895 (\$945 if received after April 9, 2006.)
- Government Employee: \$895
- Professors: \$525

Name \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

City, State, Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

#### PAYMENT INFORMATION

*\* Credit Card Registrations may be faxed or e-mailed*

- Check enclosed payable to:  
The Center for American and International Law

Credit Card:  Mastercard  VISA  AMEX  Discover

Card number \_\_\_\_\_

Expiration date \_\_\_\_\_

Name on card \_\_\_\_\_

Billing address (if different than above address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_