

SEPTEMBER 25-27, 2002 • MARRIOTT FINANCIAL CENTER • NEW YORK, NY

## REGISTRATION FORM:

PLEASE PRINT:

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (     ) \_\_\_\_\_ FAX: (     ) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

REQUIRE SPECIFIC AIDS OR SERVICES\*:

 AUDIO     VISUAL     MOBILE     DIETARY NEEDS\*Please specify:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_NUMBER OF PERSONS ATTENDING RECEPTION ON WED., SEPT. 25, 2002 

## REGISTRATION FEE \$275.00

*Please complete registration form and remit with a check payable to THE NATIONAL CENTER FOR STATE COURTS to:*

## 9-11 SUMMIT

NYS OFFICE OF COURT ADMINISTRATION

25 BEAVER STREET, ROOM 975

NEW YORK, NY 10004

## NAME TAG INFORMATION:

NAME: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_