

## SPECIAL ACTIVITIES FORM:

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

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

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

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

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

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

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

# IN PARTY	EVENT / TIME	PRICE EA.	TOTAL
	<b>DINNER / THURSDAY, 5:00 P.M.</b>	\$60.00	
	<b>THEATRE AVAILABILITY:</b> <i>Please check "1" for your first choice. If unavailable, and you are interested in the other show, check "2". If not, leave blank.</i>		
	<b>BEAUTY AND THE BEAST / THURSDAY, 8:00 P.M.</b> CHOICE: 1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$60.00	
	<b>LES MISÉRABLES / THURSDAY, 8:00 P.M.</b> CHOICE: 1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$60.00	
	<b>WALKING TOUR / FRIDAY, 9:30 – NOON</b>	\$12.00	
TOTAL ENCLOSED:			

*Please complete this form and return it with a separate check (do not combine with registration fee) by August 23, 2002 in the registration envelope or separately to:*

**9-11 SUMMIT**  
**NYS OFFICE OF COURT ADMINISTRATION**  
**25 BEAVER STREET, ROOM 975**  
**NEW YORK, NY 10004**

Make all checks payable to: **NATIONAL CENTER FOR STATE COURTS.**