



CLE Registration Form for "The Lawyer's Email: Mastering Messages and Regaining Control"

Return form to: INSURANCE SOCIETY OF PHILADELPHIA (215) 627-5306 P.O. Box 40088, Philadelphia, PA 19106-0088 FAX (215) 627-2754

NAME: _____ EMAIL ADDRESS: _____

EMPLOYER: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____ CELL PHONE: _____

REQUESTING CREDIT FOR THE FOLLOWING STATE(S): (see information below) _____

Date/Time: November 19, 2013, 9:00-11:00 am
Location: Flaster Greenberg, 4 Penn Center, 1600 JFK Blvd., Phila., PA 19103
Credits: 1.0 substantive and 1.0 ethics
States: Credit is available for DE, NJ, NY, PA.
Tuition: \$95/registant for one state certificate. Additional CLE certificates/registant are charged \$10/certificate/state.
Payment: If you are paying for more than one registant, please list additional attendees below.

Name: _____ Email: _____ CLE for State(s): _____
Name: _____ Email: _____ CLE for State(s): _____
Name: _____ Email: _____ CLE for State(s): _____
Name: _____ Email: _____ CLE for State(s): _____

___ A check, payable to the Insurance Society of Philadelphia, in the amount of \$_____ is enclosed.
___ Invoice our firm/company for the following number of registrations: _____
___ Charge to: ___ Visa ___ MasterCard ___ Amex

Card Number: _____ Expiration Date: _____

Signature: _____

CANCELLATION POLICY: A non-refundable processing fee of \$10.00 will be deducted from all refund requests. No refunds will be issued for a cancellation received later than two days prior to the date of the session.