

**THIRD YEAR SKILLS AND METHODS COURSE APPLICATION
VIDEO REPLAY DAY**

THIRD YEAR MUST BE COMPLETED BY YOUR 3RD ANNIVERSARY OF DATE OF ADMISSION

ADVANCE REGISTRATIONS WILL BE ACCEPTED UNTIL 3 P.M. ON FRIDAY, MAY 28, 2010 (SPACE PERMITTING) AFTER THAT TIME ADVANCE REGISTRATIONS CANNOT BE PROCESSED

(SS3105A)
**SATURDAY, MAY 29, 2010
(LIMITED SEATING)
9 A.M. - 5 P.M.**

PLEASE PLAN TO ARRIVE BETWEEN 8:00 A.M - 8:45 A.M. FOR ADVANCE REGISTRATION CHECK-IN. DOOR REGISTRATIONS WILL BE ACCEPTED BETWEEN 8:45 A.M. - 9 A.M. (SPACE PERMITTING)

ADVANCE REGISTRATIONS MUST BE ACCOMPANIED WITH PAYMENT IN ORDER TO BE PROCESSED. APPLICATIONS WITHOUT PAYMENT WILL NOT BE PROCESSED AND SEAT WILL NOT BE GUARANTEED.

NOTICE!!! YOU WILL NOT RECEIVE A WRITTEN CONFIRMATION OF THIS ORDER!!!!

Please register me for the New Jersey Law Center located on the Ryders Lane exit off Route 1 South in New Brunswick (easily accessible via New Jersey Turnpike to Interchange 9 to Route 18 North to Route 1 South to the New Brunswick/Ryders Lane exit), for the following:

9 A.M. - MORNING SESSION

_____ Landlord/Tenant Practice
_____ Municipal Court Practice
_____ Workers' Compensation Practice

1:00 P.M. - AFTERNOON SESSION

_____ Bankruptcy Practice
_____ Small Business
_____ Collection Practice

FOOD AND BEVERAGE ARE ON YOUR OWN. THEY WILL NOT BE PROVIDED.

TUITION IS NON-REFUNDABLE AND NON-TRANSFERABLE

I have enclosed my check in the amount of _____ \$150 for a full day consisting of two seminar replays or _____ \$75 for a half-day consisting of one seminar replay in either the morning or the afternoon session. Program handbooks are not included, since there were already provided to you with your 1st Year Skills materials.

DOOR REGISTRATION FEE: \$85 HALF DAY OR \$170 FULL DAY (SPACE PERMITTING)

VIDEO REPLAYS DO NOT QUALIFY FOR New York or Pennsylvania CLE CREDITS.

ATTENTION PERSONS WITH DISABILITIES: If you have a disability that may impact on your participation in an ICLE program, please check here and append a statement regarding your disability-related needs. Someone from our staff will contact you prior to the program to discuss your accommodations. We cannot assure the availability of appropriate accommodations without prior notification of need.

ID# _____ (MUST BE PROVIDED TO ENSURE ACCURATE REGISTRANT IDENTIFICATION)

Last Name First Name M.I. (Sr., Jr., I,II, III) (Please Circle if appropriate)

Please provide ICLE with your Preferred Mailing Address) Home Firm

FIRM NAME _____ APT./SUITE _____

ADDRESS _____ CITY/ST/ZIP _____

DAYTIME PHONE # _____ TOTAL AMOUNT ENCLOSED _____

PAYMENT BY CHECK: COMPANY PERSONAL CHECK # _____ CHECK DATE _____

PAYMENT BY CREDIT CARD: AMEX VISA MASTERCARD EXP. DATE _____

CARD NO. _____ CARDHOLDER'S NAME (PRINT) _____

SIGNATURE: _____ BILLING ZIP CODE _____

ONE CONSTITUTION SQUARE, NEW BRUNSWICK, NJ 08901-1500-(732) 214-8500 - FAX (732) 249-1428