



REGISTRATION FORM

TRUST ACCOUNT MANAGEMENT SEMINAR

Date: Friday, October 23, 2009
Time: 9:00 a.m. to 1:00 p.m.
Check-In: 8:30 – 9:00 a.m.
Location: Comfort Inn, Symposium Room
4822 E. Washington Avenue
Madison, Wisconsin
CLE Credit: 3.5 EPR Hours



(PLEASE PRINT)

Name: _____
Law Firm: _____
Address/City: _____

Please attach a check or money order in the amount of \$50.00, payable to the Office of Lawyer Regulation. Mail this Registration Form, with payment, to:

**OFFICE OF LAWYER REGULATION
110 E. MAIN STREET, SUITE 315
Madison, WI 53703-3383
ATTN: TRUST ACCOUNT PROGRAM**