

2019

Spring Municipal Law Conference

Marriott Shoals Conference Center, Florence, AL
April 12 - 13, 2019

Registration Information

Title	<input type="checkbox"/> Attorney	<input type="checkbox"/> Judge	<input type="checkbox"/> Prosecutor	Alabama State Bar Number: ASB -
Name				Badge Name: Same <input type="checkbox"/>
Address				
City/State/Zip				
Telephone	Email (Required)			
Fax	Municipality Represented			

Check all that apply and total:

	\$	Item
Conference Registration - March 22, 2019		
<input type="checkbox"/> AAMA/AMJA Members before March 22, 2019	\$ 225.00	+
<input type="checkbox"/> AAMA/AMJA Members after March 22, 2019	\$ 275.00	+
<input type="checkbox"/> Non-Members before March 22, 2019	\$ 325.00	+
<input type="checkbox"/> Non-Members after March 22, 2019	\$ 375.00	+
Additional Fees and Discounts		
<input type="checkbox"/> Judicial CLE fee, ALL JUDGES SEEKING JUDICIAL CREDIT	\$ 30.00	+
<input type="checkbox"/> Printed copies of Handouts (<i>Handouts on CD are included with registration fee</i>)	\$ 75.00	+
<input type="checkbox"/> NOT ATTENDING? <i>Printed copies of handouts will be mailed after the conference</i>	\$ 150.00	+
Conference Fees	Total \$	=

Hotel Information

Marriott Shoals Hotel & Spa
10 Hightower Place, Florence, AL 35630
800-593-6450
ask for AL League of Municipalities
Spring Law Conf rate.

The link for the reservations is as follows:

<https://tinyurl.com/2019-Spring-Law-Conf-Hotel>

Online registration is available here:

<http://events.r20.constantcontact.com/register/event?oeidk=a07eg0ebxyv0fd2bb03&llr=bvl4omrab>

To register using this form: Please complete form and mail or fax*, along with your payment, to:

Law Conference Fax 334-386-5180
PO Box 1270
Montgomery, AL 36102

* Email returns of this form will not be accepted.
A \$60.00 administrative fee will be deducted from your refund. No refunds will be given after April 1, 2019.

Registration Payment Information

Amount Paid: \$	<input type="checkbox"/> Check	<input type="checkbox"/> Master Card	<input type="checkbox"/> Visa	<input type="checkbox"/> AMEX
Billing Address:				Zip:
Cardholder Name:			Expiration Date:	
Account Number:			CVV: 3 or 4 digits on back of card	
Cardholder Signature:				



www.alalm.org/AAMA.html
www.alalm.org/AMJA.html