

2017 COLLIN COUNTY BENCH BAR CONFERENCE REGISTRATION FORM

May 5 – May 7, 2017

Grapevine, Texas

Hilton DFW Lakes

REGISTRATION FORMS ARE ALSO AVAILABLE ONLINE AT www.texasjudge.com A separate registration form must be completed for each conference attendee.

Name: _____

Firm: _____

Address: _____

Phone: _____ Email: _____

T-Shirt Size: S _____ M _____ L _____ XL _____ XXL _____

Meal Attendance: Friday Dinner _____ Saturday Dinner _____ Sunday Breakfast _____

EMERGENCY CONTACT:

Name: _____ Phone Number: _____

SINGLE REGISTRATION (INCLUDES HOTEL)*:

Registration and payment received by March 15, 2017	\$650.00	_____
Registration and payment received by April 1, 2017	\$775.00	_____

REGISTRATION IF SHARING A ROOM WITH ANOTHER CONFERENCE ATTENDEE*:

Registration and payment received by March 15, 2017	\$550.00	_____
Registration and payment received by April 1, 2017	\$675.00	_____

CONFERENCE REGISTRATION ONLY (DOES NOT INCLUDE HOTEL)*:

Registration and payment received by March 15, 2017	\$550.00	_____
Registration and payment received by April 1, 2017	\$675.00	_____

*Conference Attendee Registration Fee include the following for the attendee: conference attendance, breakfast on Saturday and for hotel guests only, dinner on Friday and Saturday, and all group activities.

NON-REGISTRANT GUEST FEE:**

Guest Name: _____

Meal Attendance: Friday Dinner _____ Saturday Dinner _____ Sunday Breakfast _____

Registration and payment received by March 15, 2017	\$200.00	_____
Registration and payment received by April 1, 2017	\$250.00	_____

**Non-registrant Guest Fee includes the following for a guest staying with an attendee: breakfast on Saturday and Sunday, dinner on Friday and Saturday, and all group activities.

CCBB FOUNDATION ANNUAL DUES

For year(s) _____

\$100.00/ year _____

TOTAL REMITTED:

\$ _____

PAYMENT INFORMATION		WE DO NOT ACCEPT AMERICAN EXPRESS
TOTAL AMOUNT \$ _____		
<input type="checkbox"/> Enclosed is my check payable to Collin County Bench Bar Foundation	<input type="checkbox"/> Please charge my credit card (check) <input type="checkbox"/> VISA <input type="checkbox"/> MC	
CARD # _____	EXP DATE _____	CVV CODE _____
PLEASE PRINT NAME AS IT APPEARS ON CARD _____		
BILLING ADDRESS _____		
BILLING CITY, STATE, ZIP _____		
SIGNATURE _____		

IF PAYING BY CHECK SEND COMPLETED REGISTRATION FORM AND PAYMENT TO:

Gibbs Nolte Robison Rose
ATTN: Sydney L. Robison
2780 Virginia Parkway, Suite 401
McKinney, Texas 75071

IF PAYING BY CREDIT CARD YOU MAY FAX OR EMAIL COMPLETED REGISTRATION FORM AND CREDIT CARD INFORMATION TO:

ATTN: CCBB Conf. Registration

email: sydrobison@aol.com

fax: 972 468 0965

HOTEL INFORMATION

Hilton DFW Lakes
Executive Conference Center
1800 Highway 26 East
Grapevine, Texas 76051
(817) 410 6777

www.hilton.com