

Registration Form

Return This Form To:
352 Seventh Avenue, Ste 739
New York, NY 10001
Telephone: (212) 354-6401
Fax: (212) 354-2847
Email: amy@csusa.org

Event:
Mid-Winter Meeting
February 7-9, 2008
Laguna Cliffs Marriott Resort & Spa
Dana Point, CA

NAME: _____

FIRM: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

GUEST: _____

STATE BAR & NUMBER: _____ I DO NOT NEED CLE

Registration Fees: Payment by check or credit card *must* accompany this form.

Type:	Early Bird	After Jan 11, 2008
<input type="radio"/> Member	\$475.00	\$525.00
<input type="radio"/> Non-member	\$575.00	\$625.00
<input type="radio"/> Guest (adult)	\$375.00	\$425.00
<input type="radio"/> Guest (child)	\$200.00	\$275.00

Friday Afternoon Tour \$29.00 Per person

Total: \$

Vegetarian Meal Kosher

Allergic to Shell Fish Nuts

I will attend Thursday Reception	<input type="radio"/> Yes <input type="radio"/> No	Guest	<input type="radio"/> Yes <input type="radio"/> No
I will attend Friday Luncheon	<input type="radio"/> Yes <input type="radio"/> No	Guest	<input type="radio"/> Yes <input type="radio"/> No
I will attend Friday Reception	<input type="radio"/> Yes <input type="radio"/> No	Guest	<input type="radio"/> Yes <input type="radio"/> No

Method of Payment: MasterCard Visa American Express Check
MM YY

Credit Card No.: _____ Expiration Date: _____ / _____

Signature: _____ Security # _____

Please make check payable to "THE COPYRIGHT SOCIETY OF THE U.S.A."

Cancellation and Refund Policy:

Full refund will be issued if a cancellation is received in writing by January 11, 2008. No refunds or credits will be issued for cancellations after January 11, 2008. Registrations are transferable.