

Registration Form

Please fill out this registration card and return by **October 25, 2004**

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____

CLE credit desired (please circle): YES NO

Please be sure to sign in for CLE credit on each day of the conference.

Meals:

Lunch on Friday, November 12 (please circle): YES (\$13.00) NO

Lunch selection (please circle): Vegetarian Non-Vegetarian

Reception and Dinner on Friday, November 12 (please circle): YES (\$75.00) NO

Dinner selection (please circle): Vegetarian Non-Vegetarian

Lunch on Saturday, November 13 (please circle): YES (\$30.00) NO

Lunch selection (please circle): Vegetarian Non-Vegetarian

(Please make checks payable to Saint Louis University)

If you have special needs addressed by the Americans with Disabilities Act,
please notify us at least two weeks prior to the conference.

Send All Registration Information by **October 25** to:

Saint Louis University School of Law

Center for International and Comparative Law

3700 Lindell Blvd. • St. Louis, MO 63108

Fax: 314-977-3332 • Web site: law.slu.edu/conf/comparative_law

For more information call (314) 977-2792 / (314) 935-7900 or

E-mail lisat@slu.edu / Imcclain@wulaw.wustl.edu