

Baltimore Consumer Bankruptcy Training - Registration FORM

Mail or Fax to: **PBRC** 520 W. Fayette St., Suite 300, Baltimore, MD 21201

Fax: (410) 385-2616 Phone: (410) 837-9379 (800) 396-1274

<u>Method of Payment</u>																					
<p><u>Check</u> Check Number: _____ (Make checks payable to PBRC)</p> <p><u>Charge</u> (Visa or Master Card) Account Number: _____</p> <p>Name on Card: _____</p> <p>Billing address: _____</p> <p>Exp. Date: _____ Verification code: _____</p> <p><u>Cost breakdown:</u></p> <p style="text-align: center;">All fees include lunch</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>All Day session</td><td style="text-align: right;">\$ 90.00</td></tr> <tr><td>AM session only</td><td style="text-align: right;">\$ 60.00</td></tr> <tr><td>PM session only</td><td style="text-align: right;">\$ 50.00</td></tr> <tr><td>Lunch session only</td><td style="text-align: right;">\$ 20.00</td></tr> <tr><td>Special Volunteer rate</td><td style="text-align: right;">\$ 35.00</td></tr> <tr><td colspan="2" style="text-align: center;"><i>Please check the session(s) you are attending:</i></td></tr> <tr><td style="text-align: center;"><i>All day</i></td><td></td></tr> <tr><td style="text-align: center;"><i>AM only</i></td><td></td></tr> <tr><td style="text-align: center;"><i>Lunch only</i></td><td></td></tr> <tr><td style="text-align: center;"><i>PM only</i></td><td></td></tr> </table> <p style="text-align: center; font-size: small;">**Selecting the special volunteer rate commits you to either taking a pro bono case or working the DAP desk for a total of four hours</p> <p>*There is a special discount for firms sending more than one person. Please contact the PBRC office.</p>	All Day session	\$ 90.00	AM session only	\$ 60.00	PM session only	\$ 50.00	Lunch session only	\$ 20.00	Special Volunteer rate	\$ 35.00	<i>Please check the session(s) you are attending:</i>		<i>All day</i>		<i>AM only</i>		<i>Lunch only</i>		<i>PM only</i>		<p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>County: _____</p> <p>Firm/Org.: _____</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p> <p>FAX: _____</p> <p>E-mail: _____</p>
All Day session	\$ 90.00																				
AM session only	\$ 60.00																				
PM session only	\$ 50.00																				
Lunch session only	\$ 20.00																				
Special Volunteer rate	\$ 35.00																				
<i>Please check the session(s) you are attending:</i>																					
<i>All day</i>																					
<i>AM only</i>																					
<i>Lunch only</i>																					
<i>PM only</i>																					

Course #	Course Title	Date	Location
09-1106B	Consumer Bankruptcy	11/06/09	US Bankruptcy Court 101 W. Lombard Street Baltimore, MD

Year Admitted to MD Bar:

Bankruptcy Attorney	Yes	No	Total:\$ _____
----------------------------	-----	----	-----------------------

of Years: _____

Year Admitted to Federal Bar: _____

In accordance with the Americans with Disabilities Act, if you require special accommodations, please contact the Pro Bono Resource Center of Maryland at 410-837-9379 or 800-396-1274 at least 7 days prior to the training.