

BAR LEADERSHIP FORUM

• June 12 & 13, 2009 The Grand Hotel, Mackinac Island •

BLF PROGRAM REGISTRATION

Please complete this form and return with payment no later than **May 29, 2009**.

Send to:

State Bar of Michigan Attn: Finance
 Bar Leadership Forum Registration
 306 Townsend Street
 Lansing, MI 48933

Fax to:

(517) 346-6365

Online registration:

<http://www.michbar.org/blf.cfm>

Once your registration has been received and processed, you will receive a confirmation letter.

Questions:

For questions or to arrange for accommodations for persons with disabilities, contact Kari Thrush at (800) 968-1442 ext. 6371 or kthrush@mail.michbar.org

Overnight Accommodations:

For overnight accommodations, please complete the Grand Hotel reservation form and return directly to the Grand Hotel by May 12, 2009. Please note that all guests staying in your room must be registered guests of the hotel to receive meals. Indicate all guests in the appropriate area on the hotel reservation form and on this registration form.

Cancellation Policy:

To receive a full refund, you must notify the State Bar of Michigan Finance Department in writing by May 29, 2009. After May 29, a \$25 handling fee will be assessed. No refunds will be issued for cancellations received after June 5, 2009.

Name _____ P # _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

E-mail _____

Name of spouse/each guest _____

Name and age of each child _____

\$185.00 ___ **Attendee Registration** (includes Grand Reception) ... \$ _____

\$157.00 ___ **Early Bird Attendee Registration** (before May 15) \$ _____

\$29.00 X ___ Spouse/Guest Grand Reception Fee \$ _____

\$14.50 X ___ Children 12 and under Grand Reception Fee \$ _____

Family Activities: Friday, June 12, 2:00-3:30 p.m.

\$15.00 X ___ Grand Hotel Historic Lecture & Tour \$ _____

\$10.00 X ___ Children 12 and under..... \$ _____

Family Activities: Saturday, June 13, 10:30 a.m.-12:00 p.m.

\$15.00 X ___ Grand Hotel Kitchen Tour \$ _____

\$10.00 X ___ Children 12 and under..... \$ _____

___ **TOTAL PAYMENT ENCLOSED**..... \$ _____

Please make checks payable to: *State Bar of Michigan*

Please bill my: MasterCard Visa

Card #: _____

Expiration Date: _____

Signature _____

Please print name as it appears on credit card