

UPPER MICHIGAN LEGAL INSTITUTE

• June 12 & 13, 2015, Grand Hotel, Mackinac Island •

Register by **May 12, 2015** to receive the **Early Bird Registration** rate.

Register online:
<http://www.michbar.org/umli>

Mail to:
State Bar of Michigan, Attn: Finance
UMLI Registration
306 Townsend Street
Lansing, MI 48933-2012

Fax to: (517) 372-5921

Overnight Accommodations:

For overnight accommodations, please complete the Grand Hotel reservation form and return directly to the Grand Hotel by **May 12, 2015**. Please note that the group rate is inclusive of tax, assessment, 19.5% added charge, breakfast, lunch, and dinner. 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, 2015. After May 29, a \$25 handling fee will be assessed. No refunds will be issued for cancellations received after June 5, 2015.

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

Name	P #
Address	
City/State/Zip	
Telephone	
Name of spouse/each guest	
Name and age of each child	

**Regular and Early Bird registration includes one Grand Reception ticket.
Tickets will be distributed on-site.*

Attendee Registration*	\$145.00	\$ _____
Attendee Early Bird Registration before May 12*	\$95.00	\$ _____
Grand Reception (ticket required for entrance)		
Spouse/Guest	\$29.00 X _____	\$ _____
Children 12 and under	\$15.00 X _____	\$ _____
Family Activities:		
Friday, June 12, 2:00–3:00 p.m.		
Grand Hotel Historical Lecture	\$25.00 X _____	\$ _____
Children 12 and under	\$15.00 X _____	\$ _____
Saturday, June 13, 10:30–11:30 a.m.		
Grand Hotel Stables Historic Talk & Tour	\$25.00 X _____	\$ _____
Children 12 and under	\$15.00 X _____	\$ _____
		TOTAL \$ _____

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

Please bill my: MasterCard Visa for \$ _____

Debit/Credit Card #
Expiration Date
Signature
Print name as embossed on card

See you there!!