



WORKERS' COMPENSATION LAW SECTION

Annual Summer Meeting Registration

Registration deadline June 1, 2009

New! Register online at <http://e.michbar.org>

Please join your colleagues for this year's Summer Section meeting and seminar, June 18-20, 2009 at Crystal Mountain Resort in Thompsonville, Michigan. Room reservation forms were mailed previously; if you have not yet reserved your room, please contact Crystal Mountain at (800)968-7686 [new phone number]. You can visit www.crystallmountain.com to learn more about the accommodations.

If you plan to play golf, you must contact Dave DeGraw at (616) 774-8000 or (616) 458-3646 by June 1, 2009 to register.

ATTEND EVERYTHING . . .

Section members and adult guests attending both the cocktail party and dinner on **both** Thursday and Friday will be charged \$60 per person.....number of adults _____ x \$60 = _____

Children (under 14) attending the dinner on **both** Thursday and Friday will be charged \$ 10 per personnumber of children _____ x \$ 10 = _____

TOTAL: \$ _____

. . . OR SELECT YOUR EVENTS

Thursday, June 18, 2009

6:00 p.m. Cocktail party—hors d'oeuvres and two complimentary beverages..... number of adults _____ x \$ 10 = _____

7:00 p.m. Dinner number of adults _____ x \$20 = _____
number of children _____ x \$ 5 = _____

Attend BOTH cocktail party and dinner..... number of adults _____ x \$30 = _____

Friday, June 19, 2009

8:00 a.m. Complimentary breakfast..... number of adults and children _____

6:00 p.m. Cocktail party—hors d'oeuvres and two complimentary beverages..... number of adults _____ x \$ 10 = _____

7:00 p.m. Dinner number of adults _____ x \$20 = _____
number of children _____ x \$ 5 = _____

Attend BOTH cocktail party and dinner..... number of adults _____ x \$30 = _____

For more information, contact Sue Delong at SDelong@stroblpc.com or (248) 540-2300.

TOTAL: \$ _____

P # _____

Name: _____

Adult guest: _____

Children: _____

Firm/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____

Enclosed is check # _____ for \$ _____ payable to STATE BAR OF MICHIGAN

Please bill my: Visa MasterCard

Card #: _____

Expiration Date: _____

Please print name as it appears on credit card: _____

Mail your check and completed registration form to:
State Bar of Michigan
Attn: Seminar Registration
Michael Franck Building
306 Townsend Street
Lansing, MI 48933

Fax back (ONLY if paying by credit card) the completed form and credit card information to:
Attn: Seminar Registration at
(517) 346-6365

Payment **MUST** be received on or before date of event.

Cancellations must be received in writing by the STATE BAR OF MICHIGAN at least 72 hours in advance of the event.