

JURY SUMMIT 2001 REGISTRATION FORM

Salutation () Mr. () Mrs. () Ms. Number of persons attending the reception on Wednesday, January 31st, 2001

Name _____

Title _____

Address _____

City _____ State _____ Zip _____

Representing (include state): _____

Phone _____ E-Mail _____

Arrival/Departure Information:

Arrival Date: _____ Arrival Time (approximate) _____

Departure Date: _____ Departure Time (approximate) _____

Attendee Faculty

Instructions

Please send the registration form (one for each participant) and \$225 payment (per participant) to:

Jury Summit
25 Beaver Street, Room 975
New York, NY 10004

Make checks payable to:

National Center for State Courts

Please fill out your name tag information on the reverse side.

JURY SUMMIT 2001 NAME TAG FORM

Name _____

Title _____

Affiliation _____