

**CRIMINAL DEFENSE PROGRAMS**

at

The Center for American and International Law – Plano, Texas

**REGISTRATION FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Office: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Yrs. Experience: \_\_\_\_\_ No. of Cases Tried: \_\_\_\_\_ No. Murder Trials: \_\_\_\_\_

**Please check Course(s) for which you wish to register:**

Payment, including  
voluntary contribution

Tuition only

- |                                |                                |              |  |
|--------------------------------|--------------------------------|--------------|--|
| <input type="checkbox"/> \$50  | <input type="checkbox"/> \$25  | May 19       | Non-Capital Jury Selection             |
| <input type="checkbox"/> \$100 | <input type="checkbox"/> \$50  | May 21-22    | Motions, Evidence and Expert Witnesses |
| <input type="checkbox"/> \$200 | <input type="checkbox"/> \$100 | May 23-26    | Capital Trial Advocacy                 |
| <input type="checkbox"/> \$150 | <input type="checkbox"/> \$75  | July 13-15   | Capital Trial Voir Dire                |
| <input type="checkbox"/> \$200 | <input type="checkbox"/> \$100 | August 2-5   | Criminal Defense Trial Advocacy        |
| <input type="checkbox"/> \$150 | <input type="checkbox"/> \$75  | August 23-25 | Punishment Phase - Capital Case        |
| <input type="checkbox"/> \$75  | <input type="checkbox"/> \$50  | August 26    | Mitigation                             |

*Your voluntary contribution will support the Center for American and International Law.*

**PAYMENT INFORMATION:**

Credit card registrations may be faxed to 972-244-3401 or e-mailed to [Kzaccardo@cailaw.org](mailto:Kzaccardo@cailaw.org)

Check enclosed payable to:  
The Center for American and International Law

Credit Card:       MASTERCARD       VISA  
                          AMEX                                       DISCOVER

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address (if different than above  
address) \_\_\_\_\_

Signature: \_\_\_\_\_