

**30th Annual
Duke University Estate Planning Conference
October 16-17, 2008**

GROUP REGISTRATION FORM

FIRM NAME _____
FIRM ADDRESS _____

(City) (State) (Zip Code)

REGISTRANT 1

NAME _____
(Last) (First) (Middle Initial)
OFFICE PHONE _____
E-MAIL ADDRESS _____
NAME TAG SHOULD READ _____

REGISTRANT 2

NAME _____
(Last) (First) (Middle Initial)
OFFICE PHONE _____
E-MAIL ADDRESS _____
NAME TAG SHOULD READ _____

REGISTRANT 3

NAME _____
(Last) (First) (Middle Initial)
OFFICE PHONE _____
E-MAIL ADDRESS _____
NAME TAG SHOULD READ _____

If registering more than 3 individuals please print and complete the REGISTRANT portion of additional forms as needed.

PAYMENT INFORMATION - Please provide only 1 form of payment for group registration total.

Total number of registrants _____ X \$350 = _____ Group Registration Total

_____ **Check Enclosed** - Please make checks payable to Duke University Estate Planning Conference

_____ **Credit Card Information** Card Number _____

EXP Date _____ / _____ 3 Digit Code _____

Please Return completed from and payment to:

Linda Tucker
Special Events Coordinator
Duke University School of Law
Campus Box 90389
Durham, NC 27708

Fax #: (Credit Card Transactions Only)
(919) 613-7158

*Questions... Please contact Linda Tucker at
(919) 613-8548*