

**COLLABORATIVE LAW PRACTICE
BASIC TRAINING & CLE**

REGISTRATION FORM

Tuesday & Wednesday, September 13 & 14, 2011

9:00 a.m. to 5:30 p.m.

University of Memphis School of Law

15 hours CLE/CME approval pending

Name: _____

Email address: _____

Mail Address: _____

Telephone: _____ office _____ cell _____

*Profession/ Area of
Practice:* _____

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*To register, send completed registration form and check, payable to
Memphis Collaborative Alliance (MCA), to:*

Regina Graham at Burch Porter Johnson

130 Court Avenue

Memphis, TN 38103

901-524-5100

*Check payable to Memphis Collaborative Alliance - \$395 total;
\$100 deposit is due with registration.*