

A WEEK IN LEGAL LONDON
Participant and Guest Registration Form

MAY 15-20, 2011

I. FIRST REGISTRANT

Please register me as a Full Program Participant in A Week in Legal London.

Name: _____ State Bar # _____

Firm/Office: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Fax: _____ Email: _____

II. SECOND REGISTRANT or GUEST (optional)

Please register me as a Guest or a Full Program Participant

Name: _____ State Bar # _____

Firm/Office: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Fax: _____ Email: _____

III. REGISTRATION FEE SUMMARY:

Fees are determined on when you register. Save money by registering early. Full payment of all fees is due on **March 1, 2011**.

Fee Schedule	1-1-11 to 3-31-11	after 3-31-11
Full Program Participant	\$2,695.00	\$2,795.00
Guest Program Participant	\$945.00	\$995.00

TOTAL REGISTRATION FEE(S) enclosed or to be charged = \$ _____

IV. REGISTRATION PAYMENT

Credit Card Information (VISA/MasterCard Only)

I/We authorize the State Bar of California to charge my/our program registration to my/our VISA/MasterCard account.

(No other credit card will be accepted.)

Account Number: _____ Expiration Date: _____

Cardholder's Name: _____ Cardholder's Signature: _____

V. HOTEL RESERVATION

The RADISSON EDWARDIAN HAMPSHIRE HOTEL has been selected as the host hotel for A Week in Legal London.

The State Bar has obtained the special rate of £205 per night for a single occupancy, or £225 for double occupancy room and £254 for a junior suite. Rates include full English Breakfast in the hotel restaurant, 20% VAT, and 10% hotel service. NOTE: The hotel will charge your credit card for your full stay on April 1, 2011. If your completed registration form is received after April 1, 2011 your credit card will be charged immediately. Group room rate available 3 days before and after program dates.

A. Please make the following reservation at the Radisson Edwardian Hampshire Hotel:

Arrival Day & Date: _____ Departure Day & Date: _____

Single Room: Total number of nights _____ @ £205 per night = £ _____ (GBP)

Double Room: Total number of nights _____ @ £225 per night = £ _____ (GBP)

Suite Room: Total number of nights _____ @ £254 per night = £ _____ (GBP)

B. I will not need accommodations at the Radisson Edwardian Hampshire Hotel

VI. HOTEL PAYMENT

Your reservation will be submitted to the Radisson Edwardian Hampshire Hotel. However, your credit card will not be charged until April 1, 2011, at which time, the hotel will charge your credit card for your full stay in GBP at the current exchange rate. You will receive a hotel confirmation in April 2011, from Mosaic Events.

Credit Card Information (circle one: VISA, MasterCard, or American Express)

I/We authorize the Radisson Edwardian Hampshire Hotel to charge my/our hotel accommodations to my/our VISA, MasterCard, or American Express account.

Account Number: _____ Expiration Date: _____

Cardholder's Name: _____ Cardholder's Signature: _____

PLEASE COMPLETE AND MAIL OR FAX TO:

Mosaic Event Management, Inc.

Legal London Registration

67 Haight Street

San Francisco, CA 94102

Make checks payable to: **The State Bar of California**

If charging your fees you may fax this page to:

Legal London Registration

FAX: 801-278-3642

If you have any questions or require additional information, please contact Michelle McFadden at Mosaic Event Management 801-278-3641

FEES