



The Atticus Double Your Revenue™

Registration Application

November 4th & 5th 2011 in Tampa, Florida

Tell us about you

I would like to attend the Atticus Dyr

Name

Firm Name

Mailing Address

City

Province/State

Zip Code

Business Phone

Fax #

E-mail Address

IMPORTANT INFORMATION:

- I am a Solo Practitioner, Shareholder or a Partner in my law firm.
- My net personal income is above the minimum requirement of \$100,000.00
- My primary practice area is _____
- I have ____ Partners ____ Associates ____ Paralegals ____ Clerical

The Atticus Dyr registration fees are \$1495 first Partner, \$995 an additional Partner and \$395 for administrative persons. Please indicate below the number attending:

\$1495 (first partner) \$995 for ____ (additional partner) \$395 (Administrative)

Name(s) of additional attendee(s) _____

& e-mail address(s) _____

I hereby authorize Atticus, Inc. to charge my: AMEX MC VISA DISCOVER

Name (as it appears on credit card) _____

Billing Address

City

Province/State

Zip Code

Card Holders Signature

Date

Card Number

Expiration Date

Please Fax Your Completed Application to 352-383-8637