



# The Atticus Double Your Revenue™

## Registration Application

November 5th & 6th 2010 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**