



The Atticus Practice Builder™
 Registration Application
 October 28th & 29th 2011 in Orlando, Florida

Tell us about you

I would like to attend the Atticus Practice Builder

 Name Firm Name

 Mailing Address City Province/State Zip Code

 Business Phone Fax # E-mail Address

Practice Area	%	Practice Area	%	Practice Area	%
<input type="checkbox"/> Civil	%	<input type="checkbox"/> Entertainment Law	%	<input type="checkbox"/> Insurance Defense	%
<input type="checkbox"/> Commercial Litigation	%	<input type="checkbox"/> Estate Planning	%	<input type="checkbox"/> Intellectual Property	%
<input type="checkbox"/> Corporate/Business Law	%	<input type="checkbox"/> Family Law	%	<input type="checkbox"/> Personal Injury	%
<input type="checkbox"/> Criminal Law	%	<input type="checkbox"/> General Practice	%	<input type="checkbox"/> Real Estate Law	%
<input type="checkbox"/> Employment Law	%	<input type="checkbox"/> Immigration	%	<input type="checkbox"/> Workers' Comp.	%
<input type="checkbox"/> Other _____					

Over the last 3 years my personal income has: ____ Increased ____ Decreased ____ Stayed the Same

In the last year my net personal income was: ____ Over ____ Under \$90,000

Number of each in my firm: ____ Partners ____ Associates ____ Paralegals ____ Clerical

The Atticus Practice Builder registration fees are \$1095 first Partner, \$795 an additional Partner/attende.

Please indicate below the number attending:

\$1095 (first partner) **\$795** for ____ (additional partner/attende)

Name(s) of additional attendee(s) _____

addition 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

Who can we thank for this referral? _____

Please Fax Your Completed Application to 352-383-8637