



The Atticus Practice Builder™
 Registration Application
 October 22nd & 23rd 2010 in Orlando, Florida

Tell us about you

I would like to attend the Atticus Practice Builder October 22nd & 23rd 2010

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 and \$495 for administrative persons. Please indicate below the number attending:

\$1095 (first partner) **\$795** for _____ (additional partner) **\$495** (Administrative)

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

Please Fax Your Completed Application to 352-383-8637