



Succession Planning Workshop™

Registration Application

June 8, 2012 Orlando, Florida

Tell us about you

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

Please indicate below the number attending:

____ \$1295 (first attendee) ____ \$995 (additional attendee)

Name(s) of additional attendees _____
 and their
 e-mail address(es) _____

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