CHAPTER LEADERSHIP INSTITUTE

REGISTRATION FORM

July 19 – 21, 2018 Grand Hyatt Denver, CO



CONTACT INFORMATION

Name	Title	Firm/Company			Member II
Address	City	State/Province	Zip/Postal Code	Country	
Chapter	Officer Position (as of July 2018)			Nickname for Badge	
Phone	Email				
This will be my first Chapter	r Leadership Institute.	Yes	No		
Please indicate dietary restr	ictions and/or special needs:				
SELECT REGISTRATION OPTION All fees are in U.S. dollars.				FEES:	
I am a 2018-19 International Director or Regional Representative				NO FEE	
I am registering as a chapter representative				\$499	
CHEST OPTIONS (OF	OTIONAL)		Institue Fee	\$	
GUEST OPTIONS (OF All fees are in U.S. dollars. No	fee for CLI participants. The purchase of gue:	st registration is restricted to gues	ts of registrants only.	# OF GUESTS	
Thursday Welcome Recep	otion		\$69 x		
	tion				
Guest's nickname (for ba	dge)		Count(s) Fac \$		
			Guest(s) Fee \$_		
Pre-approved Funding Indicate the amount to be applied to the amount to be applied to the applie	ng Assistance			Amount	
	· ·	ant			
I am a Susan French Emerging Leader Scholarship recipient I am receiving funding assistance from ALA HQ (ALA Staff will contact with additional details)					
runreceiving fundin	ing assistance from ALA TIQ (ALA Sta	ii wiii contact with addition	iai actaris,	Ψ	
Foundation of the A	Association of Legal Administ	rators (OPTIONAL)			
	the educational, charitable and rese dation, please fill in the amount of yo	our contribution.		•	
		Found	dation Contribution	\$	
TOTAL AMOUNT EN	NCLOSED:		,	\$	
					_
METHOD OF PAY	MENT	PAY BY CHECK (U.S.	Funds)		
Check enclosed		\LA	ĺ		

(payable to Association of Legal Administrators)

P.O. Box 95583 Chicago, IL 60694-5583

REGISTRATION DEADLINE: July 6, 2018