

**WINTER MMA
JANUARY 11, 2018 ~ HILTON HOTEL ~ JACKSON, MS**

REGISTRATION - please complete and return to:

**University of Mississippi School of Law
Center for Continuing Legal Education**

285-G Kinard Hall

P. O. Box 1848

University, MS 38677-1848

or fax to 662-915-5267

or use our SECURE on-line registration page at www.law.olemiss.edu/cle

NAME: _____ MS BAR# _____

FIRM NAME: _____ Phone: _____

ADDRESS: _____ Email: _____

CITY/STATE/ZIP: _____

CITY REPRESENTED: _____

Registration postmarked on or before January 4, 2018

- | | |
|-------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> MMA MEMBER \$150
Electronic Materials | <input type="checkbox"/> GENERAL BAR MEMBER \$250
Electronic Materials |
| <input type="checkbox"/> MMA MEMBER \$175
Printed Materials | <input type="checkbox"/> GENERAL BAR MEMBER \$275
Printed Materials |

Registration postmarked after January 4, 2018

- | | |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> MMA MEMBER \$ 175
Electronic Materials only | <input type="checkbox"/> GENERAL BAR MEMBER \$275
Electronic Materials only |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------|

I am unable to attend, please send materials \$50 Electronic Materials \$75 Printed Materials

PAYMENT OPTIONS:

Any of the options below may be chosen using our SECURE on-line registration page at www.law.olemiss.edu/cle or you may mail/fax them in using the information at the top of the page.

- Check enclosed** *(Made payable to the University of Mississippi)*
- Please charge my** _____ VISA or _____ MasterCard
Call 662-915-6738 or 662-915-1354 with card information. The University of Mississippi does not keep records of this personal & sensitive information
- Please invoice my city:**

Send to City: _____ Attn: _____

Mailing Address: _____

City: _____ State MS Zip _____