

**Registration Form
CLIG Skills Practice
Friday, December 4, 2009
Parenting Plans Two Years Later:
The Good, The Bad and The Ugly**

Name: _____

State Bar #: _____ License #: _____

Firm/Practice Name: _____

Office Phone: _____ Email: _____

Mailing Address: _____

City, State, Zip: _____

Registration Fee: \$75 CLIG Member
 \$85 Non CLIG Member

Payment Type: Amex MC/VISA Check

Name on Card: _____

Credit Card #: _____

Exp Date: _____ Billing Zip: _____

Signature: _____

Total to Be Charged: \$ _____

Register online @ www.collaborativepracticega.com

**Please complete and return this form via fax 770-516-0236 or mail
to 248 Creekstone Ridge, Woodstock, Georgia 30188**

**Questions? Contact the CLIG offices at 770-517-8791 or
admin@collaborativepracticega.com**