

COMPLEX COMMERCIAL LITIGATION



REGISTRATION FORM

(please print or type)

First and Last Name _____

Firm Name or
Affiliation _____

Mailing
Address _____

City _____ State _____ ZIP _____

Daytime Phone _____ E Mail _____

Check Here if you require special assistance or have dietary restrictions.

Please describe your needs:

Registration Fee (Please make checks payable to: FBA E.D. Mich.)

\$10.00 FBA member

\$20.00 (not FBA member)

Questions:
Call Brian Figot
at 248.594.5950
or email fbamich@fbamich.org

Return Form to:
Executive Director
PO Box 20759
Ferndale MI 48220-0759