



2017 APPELLATE DEFENDER TRAINING

JANUARY 19 - 22, 2017

New Orleans Downtown Marriott at the Convention Center

Registration is available online, visit nlada.org for more details.

Return Forms Before January 6, 2017

NLADA
Attn: ADT Training
1901 Pennsylvania Ave., NW
Ste. 500
Washington, DC 20006
FAX: (202) 872-1031
*Please do not email forms

Questions?

Contact the Training Team at registration@nlada.org

Cancellation

Registration cancellations must be received in writing at the NLADA office no later than December 7, 2016. Cancellations and refunds are subject to a \$75 administrative charge. After the deadline, registrations fees are transferable, less a \$75 administrative charge, to another NLADA training event scheduled before December 31, 2017, but they are not refundable. Substitutions may be made at any time prior to the event. Please notify NLADA of substitutions in writing.

Location

New Orleans Downtown at the Convention Center
859 Convention Center Boulevard
New Orleans, LA 70130
Reservations: 504-613-2888

Membership

Please direct membership inquiries to: membership@nlada.org

Registration Information

Name: _____

Badge Name: _____

Title: _____

Organization: _____

Address: _____

City, State, Zip: _____

Email: _____

Phone: _____ Fax: _____

CLE Jurisdiction: _____, _____, _____

Special Needs:

Mobility/ Disability Audio/Visual Disability Other: _____

Current Position:

Chief Defender Staff Supervisor Non-lawyer Manager Number of appeals argued _____
 Public Defender Assigned Counsel Other _____ Number of appeals filed _____

Choose Your Track:

Advance Track Appellate Skills Track - Choose a group below:
 General Skills Group Federal Appellate Group Juvenile Group

Registration Fees

NLADA Member \$750 NLADA Non-Members \$825

Conference Registration + NLADA Individual Membership \$800

Total \$ _____

Payment

MasterCard Visa AMEX Check

Credit Card # _____ / _____ / _____ Exp. Date _____ / _____

Name on Card _____

Signature _____

Purchase Order

Purchase orders must be received by December 21, 2016. Fill below the information of the contact person.

Name: _____

Email: _____

Phone: _____

P.O. #: _____