

Registration Form

44th Annual Heckerling Institute on Estate Planning • Orlando World Center Marriott Resort January 25 - 29, 2010

CONTACT INFORMATION

Name _____
 Name on Badge _____
 Firm _____
 Mailing Address _____

 City _____ State _____ Zip _____
 Telephone _____
 Email _____

Omit name from printed registration list First-time registrant
 University of Miami School of Law Alumni: J.D. or LL.M.

REGISTRATION FEES

Fee includes one set of materials, reception and continental breakfasts

\$930 Regular Registration
 \$465 Full-Time Law School Faculty at: _____

Materials (Please choose ONLY ONE. If you do not choose, you will automatically receive the CD-ROM)

Print Materials CD-ROM USB Flash Drive

For an additional \$225 fee you may purchase one additional:
 CD-ROM **or** USB Flash Drive

Guest Programs (Refunds are not available for guest programs)

Monday - \$25 Additional Reception Ticket(s) x _____
 Guest name(s) _____

Tuesday - \$65 Appetizer Makeover x _____
 Guest name(s) _____

Wednesday - \$65 Florida Wildlife & Eco Tour x _____
 Guest name(s) _____

Thursday - \$25 The World of Fine Art x _____
 Guest name(s) _____

Registration Fee \$ _____
 Additional Materials \$ _____ *limit one*
 Reception Ticket(s) \$ _____
 Guest Program(s) \$ _____
Total Payment \$ _____

PAYMENT INFORMATION

Make checks payable to the University of Miami School of Law or charge to:
 Visa MasterCard American Express Discover

Card Number: _____
 Expiration Date: _____ Billing Zip Code: _____
 Name on Card: _____
 Signature: _____

CONCURRENT SESSIONS

The special sessions and fundamentals programs run concurrently on Wednesday and Thursday afternoons. Please register for **either** the fundamentals program **or** the special sessions during those times.

WEDNESDAY AFTERNOON:

Fundamentals Program
OR
 I-A I-B I-C I-D I-E I-F
AND
 II-A II-B II-C II-D II-E II-F

THURSDAY AFTERNOON:

Fundamentals Program
OR
 III-A III-B III-C III-D III-E
AND
 IV-A IV-B IV-C IV-D IV-E

CONTINUING EDUCATION CREDIT

Please indicate all professions and states for which you wish to receive continuing education credit.

Attorney State(s) _____
 Accountant State(s) _____
 Insurance State(s) _____
 Trust Officer CFP Investment Advisor
 Educator Paralegal

3 WAYS TO REGISTER



Online: www.law.miami.edu/heckerling



Fax: 305-284-6752



Mail: Heckerling Institute
 University of Miami School of Law
 1311 Miller Drive, Room C-423
 Coral Gables, Florida 33146

CANCELLATION FEE: \$75

NO REFUNDS after January 8, 2010

**Registrations must be received by November 13, 2009
 to be included in the Conference Guide
 and Registration List**

For more information:

305-284-4762 or www.law.miami.edu/heckerling

For administrative use only

Payment: check # _____ auth. # _____

Registered: _____