CORE METHOD WORKSHOP – MARTIAL ARTS,
THEATER ARTS AND MINDFULNESS FOR THE TRIAL WARRIOR
October 22 – October 25, 2015
Hotel Jerome • Aspen, Colorado

WORKSHOP REGISTRATION FORM

Attendee Name: _____

Firm Name: _____

Address: _____ City/State/Zip: _____

Phone Number: _____ Email Address: _____

Registration Price: $1,295

Terms and Conditions for Core Method Workshop:
By agreeing to the terms and conditions of this program, I attest that I am a plaintiff attorney and do no personal injury defense work. I further attest that no member of my law firm does any personal injury defense work. I also attest that I will not disseminate or share any information, verbal or in writing, that I am privy to at this workshop with any attorney or legal firm that does personal injury defense work.

Refund Policy:
Registered attendees who must cancel their attendance at the Core Method Workshop being held October 22 – October 25, 2015, in Aspen, Colorado will be refunded 100% of their registration fee if cancellation is received 30 days in advance of the start of the workshop. Attendees who cancel two calendar weeks in advance of the start of the workshop will be refunded 50% of their registration fee. No registration fee refund will be made for cancellations received less than two calendar weeks prior to the start of the workshop. Cancellation notices must be sent in writing to Lori Tepper at lorihenson@sbcglobal.net and attendee must receive confirmation that said request was received. For questions related to cancellation, you may also call Lori at 417-844-6860.

By my signature below, I agree to the terms and conditions and refund policy for the Core Method Workshop and authorize the registration fee of $1,295.00 to be charged to my credit card listed below.

_____ _____ _____
PRINTED NAME SIGNATURE DATE

Please choose credit card type: ☐ Mastercard ☐ Visa ☐ American Express

_____ _____ _____
CHARGE TO CREDIT CARD NUMBER EXP. DATE SECURITY CODE

_____ _____
BILLING ADDRESS FOR CREDIT CARD CITY/STATE/ZIP

Scan and email this form to lorihenson@sbcglobal.net or fax to 856.751.7182.