

REGISTRATION FORM

Annual Superstar Seminar

Friday • October 10, 2014

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

E-mail Address _____

Seminar Costs	OACDL Memebers	\$190.00	Walk-in Rate	\$210.00
	OACDL Non-Memebers	\$220.00	Walk-in Rate	\$260.00

I am unable to attend, but please send me the materials. Enclosed is my check for \$50.00 or bill my credit card below. Materials will be sent immediately following the seminar.

Payment

Register online at www.oacdl.org • No Phone Registration Accepted
Or Make Check Payable to OACDL and return registration form to:
OACDL • 2720 Airport Drive, Suite 100, Columbus, OH 43219
or fax to 740.654.6097

Charge my Visa Mastercard Discover In the amount of \$ _____

Credit Card #: _____

Authorization Signature _____

3-Digit Security Code _____ Expiration date _____

(Cancellation must be received by the OACDL by 5:00 p.m., Wednesday, October 8, 2014 to receive a refund)

SERVICES FOR PERSONS WITH DISABILITIES

If special arrangements are required for individuals to participate in this seminar, please contact the OACDL at least one week prior to course date at 800.443.2626.

Public Defender/Pro Bono funding provided by the Office of the Ohio Public Defender

If you have represented at least one client on a PRO BONO basis during the past year, you are entitled to attend this seminar FREE OF CHARGE. You may not have used that case to attend any other seminar on a PRO BONO basis. However, any attorney, private or public defender, is limited to 2 seminars per fiscal year (July 1, 2014 - June 30, 2015) on this basis.

PRO BONO REPRESENTATION WAS PROVIDED IN THE FOLLOWING:

This is to certify that the attorney named at right provided representation for an indigent person charged with a criminal offense in my court. Further, the attorney did not submit a bill for payment for any services involved in that representation and represented the defendant on an appointed basis at no cost to the state.

All Pro Bono and Public Defenders
MUST BE PRE-REGISTERED BY
OCTOBER 1, 2014

State/City _____ vs. _____

Case# _____ County _____

Date Representation Provided _____

Offense Charged _____

Judge's Name _____

Judge's Signature (required) _____

OR

Public Defender Information (do not complete if pro bono portion is filled out)

Name of Director or County Public Defender _____

County in which you serve as a public defender _____

County Public Defender's Signature (required) _____

Return to:

OACDL • 2720 Airport Drive, Suite 100 • Columbus, OH 43219 • or fax to 740.654.6097

There is limited scholarship money for Pro Bono and Public Defenders. Space is limited to the first 40 people to apply. You will receive notification if your registration is one of the first 40.