

CATHOLIC LEGAL IMMIGRATION NETWORK, INC.

Catholic Charities of Dallas, Immigration and Legal Services
Diocesan Migrant and Refugee Services



Present

9th ANNUAL FAMILY IMMIGRATION LAW CONFERENCE AND TOUR OF THE CONSULATE

Date: Tuesday, November 13, 2007, 1:00 - 5:00 p.m., optional session for beginning-level staff
Wednesday & Thursday, November 14-15, 2007, 8:30 a.m. – 5:00 p.m.
Friday, November 16, 2007, optional tour of American Consulate, Ciudad Juarez
See information regarding tour.

Location: Holiday Inn Express
409 E. Missouri St
El Paso, TX 79901
915-544-3333
\$89 per day for single or double (*when making reservations indicate you are with the "Immigration Conference" to ensure this rate*)

Registration Fee \$245 for CLINIC affiliates (\$735 agency cap, \$50 materials fee for each attendee beyond 3)

\$265 for other nonprofit agencies (\$795 agency cap, \$50 materials fee for each attendee beyond 3)

\$400 for private attorneys and staff

Registration includes manual and continental breakfast both days.

This two and a half-day seminar will provide detailed information on the most important aspects of family-based immigration, including: eligibility to immigrate based on family relation, consular processing, adjustment of status, 245(i) eligibility, Child Status Protection Act, grounds of inadmissibility, consequences of unlawful presence, filing effective waiver applications, and the affidavit of support requirements. It will also provide an opportunity for hands-on practice in completing the most common waivers of inadmissibility. The training is designed for practitioners of all levels. There is an optional half-day session for beginning-level practitioners or for anyone wishing to have a review of basic family immigration law.

Registration Form

_____ \$245 per registration for CLINIC affiliates (\$735 cap, \$50 materials fee for each attendee beyond 3)
(please complete registration form for each person who will attend)

_____ \$265 per registration for non-CLINIC agencies (\$795 cap, \$50 materials fee for each attendee beyond 3)
(please complete registration form for each person who will attend)

_____ \$400 private attorneys and staff

Name/s:

(Clearly print your name as you would like it to appear on your certificate. Each participant should complete a registration form.)

Organization:

Address:

City: _____ State: _____ Zip: _____ Amount enclosed:

\$ _____

Telephone: _____ Fax: _____ Email: _____

_____ I plan to attend the half-day basic session on Tuesday, November 13th

_____ I plan to take the optional tour of the American Consulate on Friday, November 16th. **Be sure to complete a separate reservation form for the tour. Send tour registration separately to DMRS/EI Paso.**

Please make check to "Catholic Charities." Send check and this form to: CLINIC Seminar, Catholic Charities Immigration and Legal Services, 5415 Maple Ave., Ste 400, Dallas, Texas 75235.

For more information call: Paola Garces: 214-634-7182 Ext 223

Diocesan Migrant and Refugee Services

invites you on a Tour of the American Consulate in Ciudad Juarez

Friday, November 16, 2007

9:00 a.m. - 5:00 p.m.

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|------------|---|
| 9:00 a.m. | Trolley picks you up at Howard Johnson Inn |
| 10:00 a.m. | Tour of American Consulate, Ciudad Juarez |
| 12:30 p.m. | Lunch in Ciudad Juarez |
| 2:00 p.m. | Trolley leaves Cd. Juarez for DHS Port of Entry |
| 3:00 p.m. | Tour of DHS Port of Entry |
| 5:00 p.m. | Trolley drops you back at Howard Johnson Inn |

Cost for Consulate Trip: \$55 (does not include lunch)

Estimated cost for lunch is \$8, to be paid at time of lunch. Do not send money for lunch.

Deadline for registration: Wednesday, October 31, 2007

No one will be permitted on the tour unless registered by October 31, 2007. No exceptions.

All registrations must be sent to DMRS/EI Paso. Do not send with your conference registration.

REGISTRATION FOR TOUR

The following information is required by the American Consulate of all persons taking the tour:

Name: _____

Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____
Date of birth: _____ Place of birth: _____
Immigration status: USC _____ LPR _____ Other (identify)

Make check out to: "Diocesan Migrant and Refugee Services."
Send check and this registration form to: Consulate Tour, DMRS, 2400-A East
Yandell, El Paso, TX 79903

DEADLINE TO REGISTER FOR TOUR: WEDNESDAY, October 31, 2007.

For more information call: 915-532-267