

## Registration Form

### 2007 AILA Texas Chapter

### Spring CLE Conference In Vegas, Baby!

***“Make Sure the Odds are in Your Client’s Favor: Advanced Immigration Practice”***  
***Thursday April 12<sup>th</sup> and Friday April 13<sup>th</sup> 2007\****

**Westin Casuarina Hotel, Casino and Spa**

**160 E. Flamingo Road**

**Las Vegas, NV 89109**

**www.westin.com/lasvegas**

For phone reservations call 866-837-4215 and refer to the AILA Texas Chapter Spring Conference to receive the conference preferred rate of \$179 single/double (There is a \$30.00 fee per person, over 18 years old, for triple and quad occupancy). **Cut-off Date: March 19, 2007.** Please note that hotel reservations are made on a first-come, first-served basis. Rooms at AILA Texas rate may sell out before the deadline, so we advise you to make your reservation as early as possible.

**Registration Fees:** ♥

# of Attendees		Amount Enclosed
_____	AILA members @ \$350 per attendee	\$ _____
_____	Non-AILA members @ \$450 per attendee	\$ _____
_____	Paralegals of AILA members @ \$250 per attendee	\$ _____
_____	Non-Profit organizations & Students @ \$250 per attendee	\$ _____
_____	Conference Speaker, Payment for Materials Only @ \$150	\$ _____
_____	Surcharge for registration after 3/19 additional \$100 per attendee	\$ _____
	<b>Total</b>	<b>\$ _____</b>

A \$50 administration fee will apply to any request for refund. Requests for refunds will be honored only if made prior to 3/19/07. Registration fees are non-refundable after 3/19/07. Conference materials will be mailed to any registrant who is unable to attend and who does not meet the cancellation deadline.

Registration confirmation will be sent via e-mail to each registrant. ♦

Please attach check<sup>▲</sup> made payable to **“AILA Texas Chapter”** to this registration form and mail to:

Laura F. Bachman  
AILA Texas Chapter Conference Co-Chair  
ILAGAN BACHMAN, P.C.  
5433 Westheimer, Suite 420  
Houston, Texas 77056

Please fill in information pertaining to each registrant and attach additional pages if necessary.

Name: _____	Name: _____
AILA membership No _____	AILA membership No.: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
Email: _____	Email: _____

▲ **Registration will begin at 7:00p.m. Wednesday April 11<sup>th</sup>. An Advance Practice Round Table Discussion will be held from 7:00 – 8:30pm Wednesday April 11<sup>th</sup>.**

♥ **Registration includes CLE credit (hours currently pending certification for TX, OK, NM, NV, AZ, CA; Certificate of Attendance will be issued to attorneys from other states wishing to request CLE credit from their state bar), conference manual and lunch on Thursday and Friday.**

♦ **Address conference questions to: LBachman@ilaganbachman.com or tweir@dhbllp.com.**

▲ **In order to curtail administrative costs, the Texas Chapter is accepting payment in the form of checks only please.**