

# 2019

# Spring Municipal Law Conference

Marriott Shoals Conference Center, Florence, AL  
April 12 - 13, 2019

## Registration Information

Title	<input type="checkbox"/> Attorney	<input type="checkbox"/> Judge	<input type="checkbox"/> Prosecutor	Alabama State Bar Number: ASB -
Name				Badge Name: Same <input type="checkbox"/>
Address				
City/State/Zip				
Telephone	Email (Required)			
Fax	Municipality Represented			

### Check all that apply and total:

		\$	Item
<b>Friday</b>	<input type="checkbox"/> Conference Registration - March 22, 2019		
	<input type="checkbox"/> AAMA/AMJA Members before March 22, 2019	\$ 225.00	+
	<input type="checkbox"/> AAMA/AMJA Members after March 22, 2019	\$ 275.00	+
	<input type="checkbox"/> Non-Members before March 22, 2019	\$ 325.00	+
	<input type="checkbox"/> Non-Members after March 22, 2019	\$ 375.00	+
<b>Additional Fees and Discounts</b>			
<input type="checkbox"/>	Judicial CLE fee, ALL JUDGES SEEKING JUDICIAL CREDIT	\$ 30.00	+
<input type="checkbox"/>	Printed copies of Handouts ( <i>Handouts on CD are included with registration fee</i> )	\$ 75.00	+
<input type="checkbox"/>	<b>NOT ATTENDING?</b> <i>Printed copies of handouts will be mailed after the conference</i>	\$ 150.00	+
<b>Conference Fees</b>		<b>Total \$</b>	=

### Hotel Information

**Marriott Shoals Hotel & Spa**  
10 Hightower Place, Florence, AL 35630  
**800-593-6450**  
ask for AL League of Municipalities  
Spring Law Conf rate.

#### The link for the reservations is as follows:

<https://tinyurl.com/2019-Spring-Law-Conf-Hotel>

#### Online registration is available here:

<http://events.r20.constantcontact.com/register/event?oeidk=a07eg0ebxyv0fd2bb03&llr=bvl4omrab>

**To register using this form:** Please complete form and mail or fax\*, along with your payment, to:

Law Conference                      Fax 334-386-5180  
PO Box 1270  
Montgomery, AL 36102

\* Email returns of this form will not be accepted.  
A \$60.00 administrative fee will be deducted from your refund. No refunds will be given after April 1, 2019.

### Registration Payment Information

Amount Paid: \$	<input type="checkbox"/> Check	<input type="checkbox"/> Master Card	<input type="checkbox"/> Visa	<input type="checkbox"/> AMEX
Billing Address:				Zip:
Cardholder Name:			Expiration Date:	
Account Number:				CVV: 3 or 4 digits on back of card
Cardholder Signature:				



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