

REGISTRATION FORM
for
“Bankruptcy Best Practices Seminar 2014”

(Please use separate form for each person registering)

Name: _____ State Bar P#

(if not an attorney) Supervising Attorney:

Your e-mail address:

Telephone: () Fax: ()

Please describe the proportion of your practice devoted to the following:

_____ % Bankruptcy Debtor _____ % Bankruptcy Creditor

_____ % Bankruptcy Trustee _____ % Bankruptcy Other

_____ % Non-Bankruptcy

Please place an “X” in front of the session you wish to attend:

_____ Thursday, September 18, 2014 Traverse City

_____ Tuesday, September 23, 2014 Marquette

_____ Friday, September 26, 2014 Lansing

_____ Tuesday, September 30, 2014 Kalamazoo

_____ Monday, October 27, 2014 Grand Rapids

Please return this registration form *by mail* to:

Ms. Sarah Garrett
Office of the United States Trustee
The Ledyard Building, Second Floor
125 Ottawa Avenue NW, Suite 200R
Grand Rapids, MI 49503

or *by fax* at (616) 456-2550, or *by email* to “Sarah.T.Garrett@usdoj.gov”

as soon as you know which session you can commit to, as seating may be limited.