

Advance Registration Form

- I wish to register for the Symposium at the general registration rate of \$30.
 I am a Villanova Law student or faculty member and wish to register at no charge.

Name:

Please indicate any dietary restrictions:

Address:

City: State: Zip:

Telephone: Fax:

E-mail:

Credit Card: Visa Master Card Discover

Amount: \$

Credit Card Number: Exp. Date:

Name on Card:

Signature: Date:

CLE Credit? Yes No Attorney ID No.

Please make checks payable to the Villanova University School of Law and return this form in an envelope to:

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