

REGISTRATION

Name _____
Address _____
City, State, Zip _____
E-mail _____
Telephone _____
Fax _____

Seminar Fees: (check which applies to you)

_____ \$225.00 KACDL Member
_____ \$300.00 non-member
_____ \$100.00 Associate
_____ \$75.00 Public Defender
_____ \$50.00 materials only

Some scholarships for members are available. Please send a letter detailing your need and your application no later than February 21, 2009.

Non-members may join at this time and pay member registration rate. 2009 membership rates are:

_____ \$75.00 for those in practice 3 years and over
_____ \$25.00 for those in practice under 3 years
_____ \$25.00 for public defenders
_____ \$50.00 for associate members (Judges, retired attorneys,
legal assistants and investigators)

If applying for membership at this time please indicate appropriate membership level and sign the following:

I wish to apply for membership in the Kansas Association of Criminal Defense Lawyers. I agree to be bound by the Charter and bylaws thereof. I certify that I am NOT employed in the prosecution of criminal cases either on a full or part-time basis.

SIGNATURE

Seminar location:

**Marriott Hotel
10800 Metcalf Avenue
I-435 & Metcalf
Overland Park, Kansas
66210
(913) 451-8000**

**Make reservations as soon as possible,
the hotels do fill up.**

**Please register as soon as
possible. There will be a
\$25.00 late fee
for those whose registration has
not been received by
March 14.**