



# Seminar Registration Form

## “The Mental Edge for Legal Communication”

May 18-19, 2007



Full Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

WSBA#: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Facsimile: (\_\_\_\_) \_\_\_\_\_

Select Payment Method Below:

Visa



Master Card



Check

Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Card Security ID #: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_, authorize TAMS (*Trial, Arbitration & Mediation Services*) to charge the sum of \$600.00 (*Six hundred dollars*) to my above-referenced credit card.

- Kindly select your credit card type, and provide your card number, full name on card, expiration date, and the card security ID number.
- Print out the form and verify that all details are correct, then please sign your name on the "Card Holder's Signature" line.
- Fax this authorization form to TAMS (*Trial, Arbitration & Mediation Services*)--(253) 274-0475
- If you choose to pay by check please enclose your check, this completed form, and mail it to TAMS – 402 North Yakima Avenue, Tacoma, WA 98403

**We appreciate your business and will be happy to assist you with any questions you may have. Please call TAMS: (253) 428-TAMS or e-mail us at [tams@tamstacoma.com](mailto:tams@tamstacoma.com)**