

2019 KANSAS BAR FOUNDATION TRIAL ADVOCACY SKILLS PROGRAM APPLICATION

APPLICANT AND PROGRAM INFORMATION:

Today's Date:	Program Name: Kansas Bar Foundation Trial Advocacy Skills		
Name: Mr. or Ms.	Program City/State: Hays, KS – Sternberg Museum		
Nametag First Name Appearance:	Program Dates: October 24-26, 2019		
E-Mail:	Assistant's E-Mail:		
Business Phone: ()	Mobile Phone: ()		
Company Name:			Title:
Mailing Address: (No P.O. Boxes)			
City:	State:	ZIP Code:	Fax: ()
How did you hear about this program? Brochure____ Fax____ E-mail____ Phone Call____ Web Site____ Catalog ____ Word of Mouth____			
Ethnic Background (In compliance with Affirmative Action standards) <i>(Please mark)</i> <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native-American <input type="checkbox"/> Other_____			
Type of Legal Practice <i>(Please mark)</i> <input type="checkbox"/> Legal Aid <input type="checkbox"/> Government <input type="checkbox"/> Sole Practitioner <input type="checkbox"/> Non-Profit <input type="checkbox"/> Corporation <input type="checkbox"/> Firm			
Size of Firm <i>(Please mark if applicable)</i> <input type="checkbox"/> Small (2-20) <input type="checkbox"/> Medium (21-70) <input type="checkbox"/> Large (71-200) <input type="checkbox"/> Ex-Large (71-200)			
Law Interests/Specialization(s):			

BAR ADMISSIONS *(States listed below will be the state CLE forms provided for you at the program)*

Bar ID#:	State:	Year:
Bar ID#:	State:	Year:

PROGRAM DETAILS

Will you require special accommodations to access the facility or need assistance? <i>(Circle YES or NO)</i>	YES NO
Please list your firm's Training Director or Office Manager:	
I certify that I am a licensed attorney, currently admitted to practice law, and that I understand and accept NITA's policies regarding program attendance, substitution, and cancellation fees. My registration is my commitment to full program participation. <i>Failure to attend or missing substantial portions of the program will result in a penalty charge of \$1,000 to your organization and barring your organization from sending participants to NITA public service programs for one year.</i>	
SIGNATURE:	DATE:

Return Application to: Natalie Martin 1685 38th Street, Suite 200, Boulder, CO 80301
 Phone: 303.953.6800 Fax: 720.890.7069 E-Mail: customerservice@nita.org

Registrations are processed on a first received basis. Registration cutoff date is October 10, 2019. There are TWENTY-FOUR (24) slots available for this program.

Do not make travel plans until you receive confirmation from NITA of your admission.