



NATIONAL COLLEGE FOR DUI DEFENSE

Summer 2005 Registration Form

Registration Fee: \$1500.00

Deposit: \$500.00

Name: _____

Enclosed is my check for: _____

Name for nametag: _____

Address: _____

Check #: _____

City: _____

State: _____

Zip: _____

Email: _____

Phone: (_____) _____

Fax: (_____) _____

State Bar Number: _____

How many times have you attended an NCDD Summer Session? _____

Which curriculum track would you prefer based on your DUI/DWI defense experience? Basic _____ Advanced _____

Credit Card Payment:

Please charge my credit card: MC _____ Visa _____ AMEX _____ Discover _____

CC#: _____

Exp: _____

Amount: _____

Signature: _____

Date: _____

Billing Address for Credit Card: _____

Attendance Certification Statement

I acknowledge that the National College for DUI Defense does not allow attendance by jurists or prosecutors except upon special written invitation. Accordingly, I hereby certify that I am not a full time judicial officer or full time prosecutor and that I am actively engaged in the defense of criminal cases.

Signature: _____

Date: _____

Please fax or mail form to:
Rhea Kirk
NCDD
445 S Decatur St
Montgomery, AL 36104
Tel: 334-264-1950 Fax: 334-264-1920