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Seminar on Surrogacy, Egg Donation & Sperm Donation

REGISTRATION FORM

Please complete the form and send by e-mail or fax to the Seminar Secretary before **September 22, 2009**. Should you have any questions, please do not hesitate to contact Ms. Sabrina Scialpi. Tel: 858-748-4133 Fax: 858-748-4244 E-mail: SScialpi@EricksonLaw.net

Personal information (Please type or print clearly in CAPITAL LETTERS)

*all fields marked with a star are required for registration

***Title:** Mr. Mrs. Ms. Prof. Dr. Others (Please specify : _____)

***Subject interest:**

Surrogacy Egg Donation Sperm Donation Legal Inquiry Other(_____)

***First(Given) Name:** _____ ***Middle Initial:** _____

***Last (Family)Name:** _____

***Name for Badge / Login:** _____ ***Age:** _____

Postal address: _____

Postal Code: _____ **City:** _____ ***Country:** _____

***Tel:** _____ ***Fax:** _____

***E-mail address:** _____

***Languages Spoken (Please Circle One):** English French Spanish Other (_____)

Summary of payment (Charges will be in US Dollars)

***Registration fee:**

Seminar Attendee \$25.00 USD

Total Amount = USD \$ _____

By signing below I request and authorize Erickson Law, P.C. to charge my credit card as outlined below and understand that there are no refunds on conference fees after 21 September 2009:

***Payment method Card type:** VISA Master American Express

Name of card holder: _____

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V-code (Visa & Master 3 digits)

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Total amount (in US Dollars): \$ _____

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Any cancellation or change must be received and confirmed by the Conference Secretary in official written notice via letter, fax or e-mail before **September 21, 2009** for 100% refund of total payment. No refund will be granted after this date or for no-show. The refund will be processed one month after the symposium, less the applicable taxes and bank handling charges.

Please **FAX BACK TO: 858-748-4244** or email to SScialpi@EricksonLaw.net