

**PRE-REGISTRATION FORM/ASLH ANNUAL MEETING  
NOVEMBER 13-16, 2003  
CAPITAL HILTON HOTEL, WASHINGTON, D.C.**

To pre-register, please return this form, with a check (\$US only, payable to ASLH), or VISA/MASTERCARD (a 4% surcharge will be added), **to arrive no later than October 15<sup>th</sup>** to Walter F. Pratt, Jr., Secretary-Treasurer, ASLH, Notre Dame Law School, P. O. Box R, Notre Dame, IN 46556-0780. Tel: 574-631-6984; Fax: 574-631-3595

Name: \_\_\_\_\_ Preferred First Name: \_\_\_\_\_

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

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

Institutional Affiliation: \_\_\_\_\_

I will be accompanied by\* \_\_\_\_\_ Preferred First Name: \_\_\_\_\_  
of (affiliation/home city): \_\_\_\_\_

\*Spouses/friends are welcome, but must pay the regular or student registration fee if they are going to attend any of the receptions, meals, coffee breaks, or program sessions.

Registration Fee \_\_\_\_\_ x \$90 (\$100 after 10/15/03) \_\_\_\_\_

Student Registration \_\_\_\_\_ x \$15 (student ID required) \_\_\_\_\_

Thursday Reception at Supreme Court \_\_\_\_ x \$25 (if by check, separate check please) \_\_\_\_\_

Saturday Annual Luncheon \_\_\_\_\_ x \$20 \_\_\_\_\_

TOTAL \_\_\_\_\_

Saturday luncheon menu options (please indicate choice of entree):  
chicken ( )                      vegetarian ( )

I/We plan to attend (no additional charge beyond registration fee):

<b>FRIDAY</b>	<b>SATURDAY</b>	<b>SUNDAY</b>
continental breakfast _____	continental breakfast _____	continental breakfast _____
plenary reception _____		

If paying by credit card: Name on card: \_\_\_\_\_

Type of card \_\_\_\_\_ expiration date: \_\_\_/\_\_\_ number: \_\_\_\_\_

Signature authorization: \_\_\_\_\_

**THIS IS NOT A ROOM RESERVATION FORM.** For information about hotel reservations see the information in the *Newsletter*.

Receipts, charge slips, name tags, and any required tickets will be held for pre-registrants at the registration table at the Capital Hilton Hotel.