

**PRE-REGISTRATION FORM/ASLH ANNUAL MEETING
NOVEMBER 10-12, 2005
CINCINNATI, OHIO**

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 10th** 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 10/10/05) _____

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

Saturday Annual Luncheon _____ x \$20 _____

Contribution toward expenses of graduate students attending annual meeting _____

TOTAL _____

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

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

FRIDAY	SATURDAY
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 Hilton Cincinnati Netherland Plaza Hotel.