

**31st Annual
Duke University Estate Planning Conference
October 15-16, 2009**

GROUP REGISTRATION FORM

FIRM NAME _____

FIRM ADDRESS _____

(City) (State) (Zip Code)

REGISTRANT 1

| | |
|----------------------|---------------------------------|
| NAME | _____ |
| | (Last) (First) (Middle Initial) |
| OFFICE PHONE | _____ |
| E-MAIL ADDRESS | _____ |
| NAME TAG SHOULD READ | _____ |

REGISTRANT 2

| | |
|----------------------|---------------------------------|
| NAME | _____ |
| | (Last) (First) (Middle Initial) |
| OFFICE PHONE | _____ |
| E-MAIL ADDRESS | _____ |
| NAME TAG SHOULD READ | _____ |

REGISTRANT 3

| | |
|----------------------|---------------------------------|
| NAME | _____ |
| | (Last) (First) (Middle Initial) |
| OFFICE PHONE | _____ |
| E-MAIL ADDRESS | _____ |
| NAME TAG SHOULD READ | _____ |

If registering more than 3 individuals please print and complete the REGISTRANT portion of additional forms as needed.

PAYMENT INFORMATION - Please provide only 1 form of payment for group registration total.

Total number of registrants _____ X \$350 = _____ **Group Registration Total**

_____ **Check Enclosed** - Please make checks payable to Duke University Estate Planning Conference

_____ **Credit Card Information** Card Number _____

EXP Date _____ / _____ 3 Digit Code _____

Please Return completed from and payment to:

Alyssa Alegre
Senior Program Coordinator
Duke University - Office of Gift Planning

Fax #: (Credit Card Transactions Only)
(919) 684-9731