

**32nd Annual
Duke University Estate Planning Conference
October 14-15, 2010**

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
Box 90600
Durham, NC 27708

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

*Questions... Please contact Alyssa Alegre at
(919) 681-8030*