



Working Group Series MEMBERSHIP APPLICATION (INDIVIDUAL)

Antitrust Law • Complex Litigation • Intellectual Property Rights

YOUR INFO:

NAME _____

FIRM _____

PHONE _____ FAX _____

Email _____ Website _____

ADDRESS _____ Suite _____

City _____ State _____ Zip _____

PROFESSION _____

YEARS of EXPERIENCE _____

WORKING GROUP of INTEREST _____

ADDITIONAL WORKING GROUPS _____

Available as a Volunteer?: (YES or NO)

Special Area(s) of Interest _____

PAYMENT:

Check (preferred; payable to 'The Sedona Conference')

AmEx

VISA/MC

Card No: _____

Expiration Date _____

Amount of Payment (\$295/per year, per Working Group):

TOTAL \$ _____

*I agree to be bound by the Working Group Series Participation Guidelines
posted on the website:*

Signature _____ Date _____

*Please mail your application to: The Sedona Conference, 5150 North 16th Street, Suite A-215,
Phoenix, AZ 85016 or FAX it to: 602-258-2499*