

**New Jersey Continuing Legal Education Services, LLC**  
**CLE Registration Form**

**Name of Seminar:** \_\_\_\_\_

**Date of Seminar & Location:** \_\_\_\_\_

**Cost (check NJCLES.com for current cost of seminar):** \_\_\_\_\_

*(All fields MUST be completed)*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ e-mail \_\_\_\_\_

**Circle Credit Card** (Visa, MC, Amex, Disc)

Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Amount paid \_\_\_\_\_ Name on Card \_\_\_\_\_

Address on Card \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please fax with credit card information to (609) 895-1899 or Mail this completed form with your check payable to:**

**New Jersey Continuing Legal Education Services, LLC, 21 Winthrop Road, Lawrenceville, New Jersey 08648**