

# 2014 PENNSYLVANIA LEGAL AID NETWORK

## STATEWIDE TRAINING CONFERENCE

MAY 20-22, 2014

HARRISBURG HILTON HOTEL

ONE NORTH SECOND STREET

HARRISBURG, PA 17101

### REGISTRATION FORM

**CONFERENCE REGISTRATION DEADLINE: WEDNESDAY, MAY 14, 2014**

**HOTEL REGISTRATION DEADLINE: TUESDAY, MAY 6, 2014**

Name (Please type or print)

Nickname for Badge

Organization

Supreme Court ID Number

Address

Phone #

E-mail

Registration is **free to staff or client board members of the following PA Legal Aid Network (PLAN) programs: CJP, CLS, FoF, LLS, LASP, MPLS, NLSA, NPLS, NWLS, PHLP, PILP, PLA, PULP, RHLS and SWPLS**. Registration includes meals, but there is a fee for CLE credits. Registration for staff of non-PLAN public interest, government or other nonprofit organization is \$150.00. The cost for all other registrants is \$260.00.

#### CLE Credits

This conference, May 21-22, has been approved by the Pennsylvania Continuing Legal Education Board for a maximum of 9.5 hours of CLE credit substantive law, practice and procedure and up to 2.0 of ethics, professionalism or substance abuse CLE credit. An additional fee of \$15.00 is required for anyone who is applying to receive this CLE credit. The Pre-Conference Trial Advocacy Training program on May 20, has been approved by the Pennsylvania Continuing Legal Education Board for a maximum of 4.0 hours of CLE credit substantive law, practice and procedure. A separate registration and supplemental fee of \$100 is required to attend this program.

#### Hotel Accommodations (Deadline: Tuesday, May 6, 2014)

The cost for a hotel room is **\$136 per night plus tax, for single or double occupancy and \$10 for self parking**. To receive hotel reservations at the conference rate, PLAN Board and Program Staff must complete the attached *Hotel Registration Form*. **Staff not employed by a PLAN program must make their own overnight arrangements by calling the Harrisburg Hilton hotel directly at 1-717-233-6000**. You must let the front desk staff know you're registering for the Pennsylvania Legal Aid Network Conference to receive the \$136 rate.

#### Please check all that apply:

- ☐ I am a staff member or board member of a Pennsylvania Legal Aid Network program mentioned above,  
Plus \$15 for CLE fee, if applicable. Amount Due \$ \_\_\_\_\_
- ☐ I am a staff member of a non-PLAN public interest, government or nonprofit organization.  
A check for \$150 is enclosed for my registration, plus \$15 for CLE fee, if applicable. Amount Due \$ \_\_\_\_\_
- ☐ I am not affiliated with a public interest, government, nonprofit organization or  
the Pennsylvania Legal Aid Network. A check for \$260 is enclosed for my registration,  
plus \$15 for CLE fee, if applicable. Amount Due \$ \_\_\_\_\_
- ☐ I will be attending the Technology Summit on May 20, 2014 (includes continental breakfast and lunch).
- ☐ I will be attending the Trial Advocacy Session on May 20, 2014 (includes lunch). Amount Due \$ \_\_\_\_\_
- ☐ I will be attending the CCOP meeting on May 20, 2014 (includes lunch).

**TOTAL AMOUNT DUE \$ \_\_\_\_\_**

Please indicate below which meals for which you will be present. This information is necessary in order to insure adequate food preparation. Registration will not be complete without this information.

**May 20** ☐ Lunch Buffet

**May 21** ☐ Continental Breakfast ☐ Lunch Buffet

☐ Outdoor BBQ Dinner

**May 22** ☐ Breakfast Buffet ☐ Boxed Lunch

If you have specific dietary requirements, please describe:

If you have any special needs, please briefly describe:

**There will be a fee of \$50 charged for all cancellations received after May 5, regardless of whether it is a "legal aid network registration" or a "non-legal aid registration."**

Return to: Statewide Conference Registration, Pennsylvania Legal Aid Network, 118 Locust Street, Harrisburg, PA 17101

Fax: 717-233-4088; E-mail: [jtomasko@palegalaid.net](mailto:jtomasko@palegalaid.net)

For more information, call 1-800-322-7572, Ext. 207.

# Hotel Registration Form

(PLAN Board and Program Staff Only)

**Room Reservation Deadline is Tuesday, May 6, 2014**

Name \_\_\_\_\_

Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

I/we will need overnight accommodations for the dates checked below:

☐ Monday, May 19, 2014

☐ Tuesday, May 20, 2014

☐ Wednesday, May 21, 2014

☐ Handicapped access room (please explain)

Please indicate rooming situation

☐ I will room alone (my legal aid program has approved a single accommodation)

☐ I will share a room with: \_\_\_\_\_  
Name of roommate(s)

**Please note, the Harrisburg Hilton is a non-smoking hotel.**

**You will be charged for the first night if reservations are not canceled within 24 hours prior to arrival.**

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**For more information, call 1-800-322-7572, Ext. 207.**