

MISSISSIPPI BANKRUPTCY CONFERENCE, INC.

SPONSORSHIP REGISTRATION FORM
FOR THE ANNUAL SEMINAR TO BE HELD NOVEMBER 8-9, 2017

NAME OF FIRM OR INSTITUTION TO BE RECOGNIZED AS A SPONSOR:

NAMES OF SEMINAR ATTENDEES (MAXIMUM OF 2):

1. _____
CLE CREDIT: YES ___ NO ___ BAR NO. _____ (NEEDED FOR CLE)
ADDRESS: _____
TELEPHONE: _____ EMAIL: _____

2. _____
CLE CREDIT: YES ___ NO ___ BAR NO. _____ (NEEDED FOR CLE)
ADDRESS: _____
TELEPHONE: _____ EMAIL: _____

NAMES OF ATTENDEES FOR THE SPEAKER / SPONSOR DINNER (MAXIMUM OF 4):

1. _____
2. _____
3. _____
4. _____

PLEASE MAIL YOUR CHECK PAYABLE TO THE MISSISSIPPI BANKRUPTCY CONFERENCE IN THE AMOUNT OF \$1,700.00 TO:

MISSISSIPPI BANKRUPTCY CONFERENCE, INC.
1855 CRANE RIDGE DRIVE, SUITE D
JACKSON, MISSISSIPPI 39216

PLEASE NOTE THAT YOUR CHECK MUST BE RECEIVED NO LATER THAN OCTOBER 7, 2017 IN ORDER TO BE INCLUDED IN THE LIST OF SPONSORS CONTAINED IN THE WRITTEN MATERIALS.