REGISTRATION
Includes all educational sessions, receptions, meals, and use of the hospitality suite.

CANCELLATION POLICY
Registrants who cancel before September 16, 2019 will receive a refund subject to a $50 processing fee. Cancellation on or after September 16, 2019 will not receive a refund. All third-party payments are subject to the same policy.

LODGING
Rooms at the Omni Los Angeles have been guaranteed at the rate of $249 per night, plus applicable state and local taxes, single or double occupancy. Call 213-617-3300 and state that you are with the National Association of Women Judges (NAWJ). Reservations must be made on or before September 23, 2019 to guarantee the conference rate. Occasionally room blocks fill before the cut-off date; early booking is recommended.

REGISTRATION: Use this form or register online at www.nawj.org
Please print your name and title as you wish them to appear on your name badge.

Name: ________________________________________ Title: ____________________________
Court/Organization:____________________________________________________________________
Address: __________________________________ City: __________________ State/Zip:______________
Phone: ___________________________________ Email:_______________________________________
Require vegetarian meals? ______ Require aids or services? Audio___ Visual___ Mobile___
If you are a First Time Attendee, would you like a mentor? Yes ____ No ____
If you are not a First Time Attendee, do you want to be a mentor? Yes ____ No ____

REGISTRATION FEES

<table>
<thead>
<tr>
<th>REGISTRATION TYPE</th>
<th>EARLY-BIRD through 7/16/2019</th>
<th>REGULAR 7/17/2019-9/16/2019</th>
<th>LATE after 9/16/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAWJ Member</td>
<td>$620</td>
<td>$695</td>
<td>$745</td>
</tr>
<tr>
<td>Non-Member</td>
<td>$700</td>
<td>$750</td>
<td>$800</td>
</tr>
</tbody>
</table>

PAYMENT due at time of registration: $______________

METHOD ______ Check payable to NAWJ ________ MasterCard, Visa or AMEX

Card No: ___________________________________ Expiration: ______ Security Code: ______
Billing Address: __________________________________ ZIP: ______________
Name on card __________________________________

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