

REGISTRATION FORM

BANKRUPTCY BEST PRACTICES SEMINAR 2017

Name: _____ Bar No. _____

(If not an attorney) Supervising Attorney: _____

Email address: _____

Phone: (_____) _____

Proportion of your practice devoted to the following:

_____ % Bankruptcy Debtor	_____ % Bankruptcy Creditor
_____ % Bankruptcy Trustee	_____ % Bankruptcy Other
_____ % Non-bankruptcy	

Please return this registration form to the U.S. Trustee by fax or email to:

616-456-2002 or sarah.t.garrett@usdoj.gov

You will not receive a confirmation email, so please place the date, time and location on your calendar now!