

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	

I will be attending in: _____ Traverse City (December 13, 2017)

_____ Lansing (January 4, 2018)

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

616-456-2550 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!