

APPLICATION FOR CLE ABROAD PROGRAM ENROLLMENT

Return application and deposit payment to the address listed below.



Your Passport to Continuing Legal Education

STUDENT INFORMATION

last name		first name
street address		
city	state	postal code
telephone no.	e-mail address	

PROGRAM ENROLLING IN:

- Paris, France Program
- Grado, Italy Program
- Florence, Italy Program
- Barcelona, Spain Program
- Provence, France Program
- Other: _____

DATES OF PROGRAM: _____

PREFERRED ACCOMMODATIONS

- Please make a reservation for me at the recommended hotel. You will be contacted with specific information.
- Please assist me in locating a roommate for double occupancy.
- Please send me information on other hotels.

PAYMENT POLICY

Because CLE Abroad programs fill up completely, a 30% non-refundable deposit is required to hold your place in a program. The remaining program fees must be paid in full 30 days prior to the start date of your program. **You may send a bank check, payable to CLE Abroad, or you may use paypal at payments@cleabroad.com.**

RELEASE FORM

I, the undersigned, as a condition of my admission to the CLE Abroad Program, do hereby waive and release all claims against CLE Abroad and its officers, employees or agents, for any injury, loss, damage, accident, delay or expense. I also release CLE Abroad and its officers, employees and agents and agree to indemnify them, with regard to any financial obligations or liabilities that I may personally incur, or any damage or injury to the person or property of the others that I may cause, while participating in the CLE Abroad Program. I understand that all program fees are non-refundable.

Signature

Date

EMERGENCY CONTACT PERSON

NAME _____

CITY _____ STATE _____ POSTAL CODE _____

TELEPHONE NO. _____ WORK TELEPHONE _____

1629 Columbia Rd., NW, Suite 403, Washington, DC, 20009

Telephone 202-462-7375 • Fax 202-248-0597 • applications@cleabroad.com