

2007
AMERICAN MOCK TRIAL ASSOCIATION
EIGHTH ANNUAL INTERCOLLEGIATE
MEDIATION TOURNAMENT

Ph: (515) 283-0803
 Fax: (515) 283-0702

E-Mail: amta@dwx.com



Registration Form
 (Due October 15, 2007)

College/University: _____
 Is your institution a two-year school? _____

Primary Contact Name: _____

Address: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____

E-Mail _____ Fax: (____) _____

Educator-Coach: _____

Address: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____

E-Mail _____ Fax: (____) _____

Attorney-Coach: _____

Address: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____

E-Mail _____ Fax: (____) _____

(*New schools pay new school registration fee only, not combination of both fees.)

| | |
|---|-----------------|
| Registration Fee | \$325.00 (or) |
| *New School Registration Fee | \$175.00 |
| PLUS | |
| _____ team(s) in tournament x \$100 each (maximum 2 teams)... | \$ _____ |
| TOTAL | \$ _____ |

Please make check payable to the American Mock Trial Association and send to:

American Mock Trial Association
 2700 Westown Parkway, Suite 220
 West Des Moines, Iowa 50266-1411

IMPORTANT!! -- If you are also participating in the Mock Trial Tournament, a separate check should be made out for Mock Trial Tournament Registration Fees.

Additional Attorney-Coach or Educator-Coach names:

Name _____ Educator _____ Attorney _____

Address _____ Phone (____) _____

City _____ State _____ Zip _____

E-Mail _____ Fax: (____) _____

Name _____ Educator _____ Attorney _____

Address _____ Phone (____) _____

City _____ State _____ Zip _____

E-Mail _____ Fax: (____) _____



OFFICE USE ONLY

Date Received _____

Amt. Payment _____

Check # _____