

**2008**  
**AMERICAN MOCK TRIAL ASSOCIATION**  
**EIGHTH ANNUAL INTERCOLLEGIATE**  
**MEDIATION TOURNAMENT**

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

E-Mail: [amta@dwx.com](mailto:amta@dwx.com)

Registration Form  
(Due October 15, 2008)

College/University: \_\_\_\_\_

Is your institution a two-year school? \_\_\_\_\_

Is your institution competing in AMTA mock trial competitions this year? Yes \_\_\_\_\_ No \_\_\_\_\_

**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 # \_\_\_\_\_

