

## Registration Form 2018 Employers Counsel Network Conference

Full Name:	Name you go by (for name tag):
Law Firm:	
City, State:	Phone No.:
E-mail Addre	ss:
Spouse/Guest	Full Name:Name he/she goes by (for name tag):
Please indicat	e whether you plan to attend the following:
1. Welcome R	eception on Wednesday, April 25 from 6:00 - 7:30 p.m.
	Yes No Maybe
	Number Attending
2. Dinner hoste	ed by BLR on Thursday, April 26 from 6:00 – 10:00 p.m.
	Yes No Maybe
	Number Attending
For hotel res	servations, please call The Sheraton New Orleans at 504-681-5478.
	ne group rate of \$259/night, your reservation must be made by March 26. Be
sure to infor	m the hotel you're a part of the ECN 2018 Conference room block.
	it registration form to Amy Kelly via email (akelly@simplifycompliance.com) 73-5183). If you have any questions, please call Amy at (615) 661-0249 ext.