

2019 AMITY VISIT REGISTRATION FORM

Registrant Information: *(Please print clearly)*

Full Name as it appears on your passport _____

Firm/Court/Company _____ Professional Position/Title _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Work Phone _____

E-mail _____

Inn Name _____

Badge Name _____

Special Accommodations/Dietary Needs/Other Requirements/Disability Access/Etc. _____

Spouse/Partner/Guest Information: *(Please print clearly)*

Full Name as it appears on passport _____

Firm/Court/Company _____ Professional Position/Title _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Work Phone _____

E-mail _____

Inn Name _____

Badge Name _____

Special Accommodations/Dietary Needs/Other Requirements/Disability Access/Etc. _____

Registration Payment information:

Amity Visit \$799 (Tue–Sat): Number of Registrants: _____ x \$799 = **Total: \$** _____

Amity Visit + Optional Sunday Activities \$865 (Tue–Sun): Number of Registrants: _____ x \$865 = **Total: \$** _____

Method of Payment: Check Enclosed *(made payable to American Inns of Court)*

Credit Card: **For your security, please register online at home.innsofcourt.org/Amity2019 to pay securely by credit card.**



**2019 Amity Visit to the
Honourable Society of
Lincoln's Inn
London England
October 1–5, 2019**

**Please complete and return
registration form by
July 1, 2019 to
Cindy Dennis:**

E-mail:
cdennis@innsofcourt.org

Mail:
American Inns of Court
225 Reinekers Ln., Ste. 770
Alexandria, VA 22314

Questions:
Cindy Dennis
(571) 319-4703

**Name of hotel/accommodations
in London (if known):**
