

# Advance Registration Form

**CAVALIER HOTELS • HOLIDAY INN SUNSPREE 39TH ST.  
MARRIOTT COURTYARD OCEANFRONT NORTH • SHERATON OCEANFRONT  
WYNDHAM VIRGINIA BEACH OCEANFRONT**

EACH ATTORNEY AND JUDGE SHOULD COMPLETE THIS FORM AND RETURN IT WITH THE APPROPRIATE REGISTRATION FEE AND FEES FOR ADDITIONAL TICKETS AND EVENTS.

*Please make checks payable to Virginia State Bar.*

Full Name of Attorney / Judge \_\_\_\_\_  
*(please circle one)*

For Judges: Court \_\_\_\_\_

\*Preferred Name for Badge \_\_\_\_\_

VSJ I.D. # \_\_\_\_\_ [ ] First-Time Attendee [ ] Executive Committee [ ] Council

[ ] Past President [ ] Disciplinary Board

Firm/Affiliation \_\_\_\_\_ [ ] YLC Board [ ] SLC Board [ ] CLBA EC

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Telephone Area Code ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_  
*For registration confirmation*

Full Name of Spouse or Guest \_\_\_\_\_  
*(if attorney, please register separately)*

\*Preferred Name of Spouse or Guest for Badge \_\_\_\_\_

**NUMBER:**

_____	\$ _____ Registration Fee for <i>each lawyer</i> (waived for full-time active judges and fully retired judges)	For registration postmarked by May 16	<b>\$155.00</b>
		For registration postmarked after May 16	<b>\$180.00</b>
_____	\$ _____ Registration Fee for <i>first time attendee</i>	First Time Attendee registration fee	<b>\$130.00</b>

★ ★ On-line registration is available at [www.vsb.org](http://www.vsb.org) ★ ★

## THURSDAY, JUNE 19

**34th Annual Virginia CLE Program  
“Recent Developments in the Law”**

*(Contact Virginia CLE for separate registration and fee requirements at 1-800-979-8253; [www.vacle.org](http://www.vacle.org))*

\_\_\_\_\_ **Golf Outing** \$ Paid at Course  
11:30 a.m.  
*(please complete entry form on page 19)*

\_\_\_\_\_ **Reception on the Hill** Admission  
6:30 p.m. *by badge*

## FRIDAY, JUNE 20

\_\_\_\_\_ **“Run In The Sun”** \$ \_\_\_\_\_  
(\$15, per person) - 8:00 a.m.  
*(please complete entry form on page 19)*

# Advance Registration Form

## FRIDAY, JUNE 20

\_\_\_\_\_ **Section CLE Workshops** *Admission by badge*  
(S) 8:30 a.m. - 3:30 p.m.

Check below:

### 8:45 a.m. – 10:45 a.m.

\_\_\_\_\_ (01) Showcase CLE – Young Lawyers Conference  
**"Initiatives in Mental Health Law Reform in  
the Aftermath of the Virginia Tech Shootings"**

### 9:00 a.m.- 10:30 a.m.

\_\_\_\_\_ (02) Intellectual Property

### 11:00 a.m. – 12:30 p.m.

\_\_\_\_\_ (03) Administrative/Antitrust/Corporate Counsel  
\_\_\_\_\_ (04) Bankruptcy Law  
\_\_\_\_\_ (05) Construction Law/Environmental/Local Gov't  
\_\_\_\_\_ (06) Criminal Law  
\_\_\_\_\_ (07) Family Law/Virginia ADR Joint Committee  
\_\_\_\_\_ (08) Litigation/Bench-Bar Relations Committee  
\_\_\_\_\_ (09) Real Property/Trusts & Estates

### 2:00 p.m. – 3:30 p.m.

\_\_\_\_\_ (10) Education Section/Virginia ADR Joint Committee  
\_\_\_\_\_ (11) International Practice  
\_\_\_\_\_ (12) SLC/General Practice/Virginia ADR Joint Committee  
\_\_\_\_\_ (13) VSB Technology & Practice of Law Committee  
\_\_\_\_\_ (14) Lawyers Helping Lawyers

\_\_\_\_\_ **Young Lawyers Conference** *Admission by badge*  
Reception & Awards- 12:30 p.m.

\_\_\_\_\_ **Virginia Legal Aid Luncheon** \$ \_\_\_\_\_  
(\$15 per person) - 12:30 p.m.

\_\_\_\_\_ **President's Reception** *Admission by badge*  
6:00 p.m. - 7:00 p.m.

\_\_\_\_\_ **Children's Dinner/Movies** \$ \_\_\_\_\_  
(\$15 per child) - 6:00 p.m. - 10:00 p.m.  
(please complete entry form on page 14)

\_\_\_\_\_ **Banquet** \$ \_\_\_\_\_  
(\$60 per person) - 7:00 p.m.

## SATURDAY, JUNE 21

\_\_\_\_\_ **Law School Alumni Breakfasts** \$ \_\_\_\_\_  
(\$15 per person) - 8:00 a.m.

*Some of the deans have expressed an interest in attending.*

Check below:

\_\_\_\_\_ (01) Appalachian  
\_\_\_\_\_ (02) Catholic  
\_\_\_\_\_ (03) George Mason  
\_\_\_\_\_ (04) George Washington  
\_\_\_\_\_ (05) Ohio Northern  
\_\_\_\_\_ (06) Regent  
\_\_\_\_\_ (07) University of Richmond  
\_\_\_\_\_ (08) UVA  
\_\_\_\_\_ (09) Washington & Lee  
\_\_\_\_\_ (10) William & Mary

\_\_\_\_\_ **Special Program:** *Admission by badge*  
**Featuring Law Humorist Sean Carter**  
9:45 a.m. - 11:00 a.m.

\_\_\_\_\_ **Expo Reception** *Admission by badge*  
12:15 p.m. - 1:00 p.m.

\_\_\_\_\_ **"Beach Volley Follies"** \$ \_\_\_\_\_  
(\$15 per person) - 2:00 p.m.  
(please complete entry form on page 19)

\_\_\_\_\_ **Tennis Tournament** \$ \_\_\_\_\_  
(\$15 per person) - 2:00 p.m.  
(please complete entry form on page 19)

TOTAL ENCLOSED  
FOR ALL EVENTS \$ \_\_\_\_\_

Attach registration form(s) for all Athletic Events and Children's Dinner, and return with this form.

Please retain a copy of this form for your files;  
**your cancelled check will serve as your receipt.**

Please return this form with your check to:

**Annual Meeting/Bar Services  
Virginia State Bar  
707 East Main Street, Suite 1500  
Richmond, VA 23219-2800**

**REFUND POLICY:** A \$30 charge will be deducted from all refunds on registration fees.  
No registration refunds will be made on cancellations received after 5:00 P.M. Wednesday, June 11, 2008.  
Refunds for meal tickets will be made on cancellations received 48 hours prior to function.  
All refund requests must be received in writing, by mail or fax. (See page 3).

# Hotel Registration

Please return forms directly to the hotel of your choice

To secure the reservations you desire, register early by completing one of the hotel reservation forms below and returning it directly to the hotel of your choice.

**DEPOSITS/CONFIRMATIONS:** The hotels will honor reservations made only on the forms below. One night's deposit is required to confirm your reservation and should accompany your reservation. Checks and/or major credit cards will be accepted by the hotels. A written confirmation will be issued by the hotel, upon receipt of a deposit.

**CUTOFF DATES:** The VSB block of rooms will be released at all hotels in late May. **Please note the cutoff date for each hotel** on the registration forms below. Reservations received by the hotels after the cutoff dates will be honored on a "space available" basis only.

**CHANGES/CANCELLATIONS:** Please note refund policies for each hotel. All changes, cancellations, etc., should be made directly with the hotel. When making inquiries with the hotel regarding your room reservation, please identify yourself as a member of the Virginia State Bar.

## CAVALIER HOTELS

Mail or Fax  
42nd and Atlantic Avenue  
Virginia Beach, VA 23451  
(757) 425-8555  
FAX (757) 491-3093

96 hour cancellation notice required for deposit refund. One night's room and tax billed for cancellation within 4 days of arrival.

LAST NAME FIRST M.I.

ADDRESS

CITY STATE ZIP

( )  
PHONE

Arrival / / Departure / /  
Month Day Year Month Day Year

VIRGINIA STATE BAR  
70th ANNUAL MEETING • June 19-22, 2008  
Reservation Cutoff Date: June 1, 2008

Check Amount Enclosed \$ \_\_\_\_\_  
Credit Card Name \_\_\_\_\_  
Credit Card # \_\_\_\_\_  
Exp. Date \_\_\_\_\_

Number of adults \_\_\_\_\_ Number of children \_\_\_\_\_  
Do you need cot? \_\_\_ crib? \_\_\_ (Extra adult: \$25.00)

Would you prefer smoking? \_\_\_ non-smoking? \_\_\_

Please indicate your 1st, 2nd and 3rd room preference:

<b>OCEANFRONT HOTEL</b>		<b>ORIGINAL CAVALIER ON THE HILL</b>
<input type="checkbox"/> Oceanfront \$190		<input type="checkbox"/> Traditional/Queen \$114
<input type="checkbox"/> Oceanview \$160		<input type="checkbox"/> Traditional/Double \$130
<input type="checkbox"/> 2 inter-connect		<input type="checkbox"/> Traditional/King \$130
oceanview rooms \$320		<input type="checkbox"/> Superior/Queen \$150
<input type="checkbox"/> 3 inter-connect		<input type="checkbox"/> Superior/Double \$190
oceanview rooms \$480		<input type="checkbox"/> Superior/King \$190

Checkout time: 11:00 a.m. Check-in time: 4:00 p.m.

## HOLIDAY INN SUNSPREE OF VIRGINIA BEACH

Mail or Fax  
39th and Atlantic Avenue  
Virginia Beach, VA 23451  
(757) 428-1711  
FAX (757) 425-5742

72 hour cancellation notice required for deposit refund.

LAST NAME FIRST M.I.

ADDRESS

CITY STATE ZIP

( )  
PHONE

Arrival / / Departure / /  
Month Day Year Month Day Year

VIRGINIA STATE BAR • 70th ANNUAL MEETING • June 19-22, 2008 • Reservation Cutoff Date: May 26, 2008

Check Amount Enclosed \$ \_\_\_\_\_  
Credit Card Name \_\_\_\_\_  
Credit Card # \_\_\_\_\_  
Exp. Date \_\_\_\_\_

Number of adults \_\_\_\_\_ Number of children \_\_\_\_\_  
Do you need cot? \_\_\_ crib? \_\_\_ (Extra adult: \$10.00)

Would you prefer smoking? \_\_\_ non-smoking? \_\_\_

Please indicate your 1st, 2nd and 3rd room preference:

<input type="checkbox"/> Double /Oceanfront	\$178
<input type="checkbox"/> King/Oceanfront	\$178
<input type="checkbox"/> Efficiency Suite	\$259

Checkout time: 11:00 a.m. Check-in time: 4:00 p.m.

## COURTYARD BY MARRIOTT OCEANFRONT NORTH

Mail or Fax  
3737 Atlantic Avenue  
Virginia Beach, VA 23451  
(757) 437-0098  
FAX (757) 313-6760

72 hour cancellation notice required to avoid charge of one night's room and tax.

LAST NAME FIRST M.I.

ADDRESS

CITY STATE ZIP

( )  
PHONE

Arrival / / Departure / /  
Month Day Year Month Day Year

Check Amount Enclosed \$ \_\_\_\_\_  
Credit Card Name \_\_\_\_\_  
Credit Card # \_\_\_\_\_  
Exp. Date \_\_\_\_\_

Number of adults \_\_\_\_\_ Number of children \_\_\_\_\_  
Do you need cot? \_\_\_ crib? \_\_\_ (Extra adult: \$10.00)

All rooms are non-smoking

<input type="checkbox"/> 2 Queen Beds	\$219
<input type="checkbox"/> King	\$219
<input type="checkbox"/> Suite	\$309

Checkout time: 11:00 a.m. Check-in time: 4:00

VIRGINIA STATE BAR  
70th ANNUAL MEETING • June 19-22, 2008  
Reservation Cutoff Date: May 17, 2008

# Hotel Registration

## SHERATON OCEANFRONT HOTEL

Mail or Fax  
 Oceanfront at 36th Street  
 Virginia Beach, VA 23451  
 (757) 425-9000  
 FAX (757) 428-9246

72 hour cancellation notice  
 required to avoid charge of  
 one night's room and tax.

Check Amount Enclosed \$ \_\_\_\_\_

Credit Card Name \_\_\_\_\_

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Number of adults \_\_\_\_\_ Number of children \_\_\_\_\_

Do you need a cot? \_\_\_\_ crib? \_\_\_\_ (Extra adult: \$10.00)

Would you prefer smoking? \_\_\_\_ non-smoking? \_\_\_\_

Please indicate your 1st, 2nd and 3rd room preference:

- Oceanfront \$229
  - Poolside King/No Balcony \$214
  - Partial Oceanview \$214
  - Cityview \$199
- (Extra Adult: \$10)

Checkout time: 11:00 a.m. • Check-in time: 4:00 p.m.

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ M.I. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

( \_\_\_\_\_ ) \_\_\_\_\_  
 PHONE

Arrival \_\_\_\_/\_\_\_\_/\_\_\_\_ Departure \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Month Day Year Month Day Year

VIRGINIA STATE BAR • 70th ANNUAL MEETING • June 19-22, 2008 • Reservation Cutoff Date: May 26, 2008

## WYNDHAM VIRGINIA BEACH OCEANFRONT

Mail or Fax  
 57th and Oceanfront  
 Virginia Beach, VA 23451  
 (757) 428-7025  
 FAX (757) 428-2921

72 hour cancellation notice  
 required to avoid charge of  
 one night's room and tax.

Check Amount Enclosed \$ \_\_\_\_\_

Credit Card Name \_\_\_\_\_

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Number of adults \_\_\_\_\_ Number of children \_\_\_\_\_

Do you need cot? \_\_\_\_ crib? \_\_\_\_ (Extra adult: \$10.00)

Would you prefer smoking? \_\_\_\_ non-smoking? \_\_\_\_

Please indicate your 1st, 2nd and 3rd room preference:

- Oceanfront \$199
  - Poolview/Cityview \$169
  - One Bedroom Suite \$259
  - Two Bedroom Suite \$349
- (Extra Adult: \$10)

Checkout time: 11:00 a.m. • Check-in time: 4:00 p.m.

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ M.I. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

( \_\_\_\_\_ ) \_\_\_\_\_  
 PHONE

Arrival \_\_\_\_/\_\_\_\_/\_\_\_\_ Departure \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Month Day Year Month Day Year

VIRGINIA STATE BAR • 70th ANNUAL MEETING • June 19-22, 2008 • Reservation Cutoff Date: May 27, 2008

**TAX/ALL HOTELS: 13%; plus \$1.00, per room, per night lodging tax**

# Athletic Entry Forms

## GOLF OUTING ENTRY FORM

Entry form should be returned with your Annual Meeting Registration. **Entry fees will be due at the course.** Please sign and date the form below.

Name \_\_\_\_\_

VSB I.D. # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

List All Team Members:

1. \_\_\_\_\_ Handicap: \_\_\_\_\_

2. \_\_\_\_\_ Handicap: \_\_\_\_\_

3. \_\_\_\_\_ Handicap: \_\_\_\_\_

4. \_\_\_\_\_ Handicap: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## RUN IN THE SUN ENTRY FORM

Entry form should be returned with your Annual Meeting Registration. Include the \$15 entry fee in your total payment. Checks are made payable to the Virginia State Bar. Please sign and date the release below.

Name(s) \_\_\_\_\_

VSB I.D. # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

AGE ON RACE DAY: \_\_\_\_\_ T-SHIRT SIZE: XL L M S

SEX: M F Email \_\_\_\_\_

*In consideration of being permitted to enter "Run in the Sun," I, for myself, my heirs, my executors, and administrators, waive and release any and all rights and claims for damages I may have against the Virginia State Bar, the Young Lawyers Conference, or their representatives for any and all injuries suffered by me in said event. I attest and verify that I am physically fit and have sufficiently trained for the competition of said event. If I am under 18 years of age, my parent's or guardian's signature is affixed below:*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## BEACH VOLLEY FOLLIES ENTRY FORM

Entry form should be returned with your Annual Meeting Registration. Include the \$15 entry fee in your total payment. Checks are made payable to the Virginia State Bar. Please sign and date the form below.

Name(s) \_\_\_\_\_

VSB I.D. # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

T-SHIRT SIZE: XL L M S

List all other team members (at least two women) and indicate the team name. If no T-shirt size is indicated, you will be assigned a size Large.

1. \_\_\_\_\_ XL L M S

3. \_\_\_\_\_ XL L M S

2. \_\_\_\_\_ XL L M S

4. \_\_\_\_\_ XL L M S

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## TENNIS TOURNAMENT ENTRY FORM

Entry form should be returned with your Annual Meeting Registration. Include the \$15 entry fee in your total payment. Checks are made payable to the Virginia State Bar. Please sign and date the form below.

Name(s) \_\_\_\_\_

VSB I.D. # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

*In consideration of being permitted to enter "Tennis Tournament," I, for myself, my heirs, my executors, and administrators, waive and release any and all rights and claims for damages I may have against the Virginia State Bar, the Young Lawyers Conference, or their representatives for any and all injuries suffered by me in said event. I attest and verify that I am physically fit and have sufficiently trained for the competition of said event. If I am under 18 years of age, my parent's or guardian's signature is affixed below:*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**CHILDREN'S DINNER REGISTRATION FORM**

**FRIDAY, JUNE 20, 6:00 p.m.**  
**Cavalier Oceanfront Hotel • Ages 4-10**

\_\_\_\_\_  
Name(s) Age(s)

\_\_\_\_\_  
Name(s) Age(s)

\_\_\_\_\_  
Name(s) Age(s)

\_\_\_\_\_  
Attorney Parent's Authorization Signature      VSB I.D. #      Cell/Telephone Number on site at meeting

Attach to, and return with, the Annual Meeting Registration form.