



Registration

2025 Conference on Clinical Legal Education

Last Name

 Middle Initial

First Name

Conference on Clinical Legal Education By April 7

| | |
|--|-------|
| Clinical Teachers & Staff, Member and Fee-Paid Schools | \$445 |
| Clinical Teachers & Staff, Non Fee-Paid Law Schools | \$495 |
| Clinical Teachers & Staff, International Law Schools | \$445 |

Clinical & Experiential Law Program Directors Workshop

| | |
|--|-------|
| Faculty of Member and Fee-Paid Schools | \$195 |
| Faculty of Non Fee-Paid Law Schools | \$245 |
| Faculty of International Law Schools | \$195 |

TOTAL

- Vegan/Vegetarian meal option**
(no dairy, animal products, gluten, or nuts)
- Check this box if you identify as a new clinician**
- Check this box if you plan to attend the Reception Sponsored by Schools**
Sunday, April 27, 6 pm – 8 pm

On-Site Registration

If your form with payment has not arrived at AALS by April 7, 2025 it will be necessary for you to register on-site. Please note there is an additional charge of \$50 to register on-site.

Cancellation Policy

Cancellations must be made in writing and submitted by no later than April 11, 2025. A refund of the full registration fee will be issued to these requests. Cancellations received after this date, as well as no-shows to the Clinical Conference, are not eligible to receive even partial refunds of the registration fee unless there are severe extenuating circumstances such as the death or hospitalization of the registrant or a member of their immediate family or the equivalent. Cancellation requests can be made by email to registration@aals.org or by regular mail to: AALS Registration, c/o Erick Brown, 1614 20th St. NW, Washington, DC 20009.

Access-Related Accommodations

AALS is committed to making our meetings and events accessible to all attendees. Contact AALS at accommodations@aals.org so that we may assist you with any services you need.

Please complete all of this section. Credit cards cannot be processed if all information is not provided.

Print name on credit card: _____

CREDIT CARD #

- American Express
- MasterCard
- Visa

I authorize this charge on my credit card.

Signature of cardholder: _____

Exp. Date (required): ____ / ____ CVC Code: ____

Registrant Information

Badge Name *(if different from left)*

Law School/Organization

City State

Email

Secondary Email (for additional confirmation)

Working Sessions: Please select **one** working group choice below. Due to limits on the number of rooms for Working Sessions, and the fact that some subjects for Working Sessions need multiple sections, it is possible that your preference will not be available. We may need to combine groups based on actual enrollment and on available space.

- Alternative Dispute Resolution
- Associate Deans of Experiential Education
- Child Advocacy/Education
- Civil Rights
- Clinic Administrators
- Community Economic Dev/Small Business
- Community Lawyering & Worker Justice
- Consumer Law/Tax
- Criminal/Juvenile Delinquency Law
- Critical Theory
- Domestic Violence
- Environmental
- Externships
- Family Defense
- Family Law
- Housing
- Immigration
- International Human Rights Law
- Legislative/Policy
- Medical-Legal Partnerships/Interdisciplinary Clinics
- Transactional Law
- Veterans Clinic
- Other:

- **Paying by Credit Card?** Complete this form and fax to (202) 872-1829 or mail to 1614 20th Street NW, Washington, DC 20009
- **Paying by Check?** Make payable to *Association of American Law Schools* in U.S. Dollars and mail with this form.