

South Carolina Defense Trial Attorneys' Association
28th Annual Trial Academy / May 23 – 25, 2018
Columbia, South Carolina

NAME (as to appear on name tag): _____

FIRM NAME: _____

BUSINESS ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____ SC BAR NUMBER: _____

**A block of rooms have been reserved at the Marriott Downtown.
Contact the Marriott reservation department directly for hotel reservations by
May 1, 2018 at (803) 771-7000 to receive the SCDTAA group rate.**

***** Trial Academy Cancellation Policy*****

1. Any cancellation more than 45 days before the first date of the Trial Academy will be entitled to a full refund.
2. Cancellations from 15-44 days before the first date of the Trial Academy will be entitled to a 50 percent refund. However, if the canceling party succeeds in finding a replacement for himself/herself, he/she will be entitled to a full refund upon payment by the replacement (less \$100.00 processing fee).
3. Cancellations less than 15 days shall not be entitled to any refund. However, if the canceling party succeeds in finding a replacement for himself/herself, he/she will be entitled to a full refund upon payment by the replacement (less \$100.00 processing fee).
4. Law firms who reserve a spot for one attorney in the firm may substitute another attorney of that firm at any time without any penalty.

**Registration fee is \$1,000.00
(including a \$100.00 non-refundable processing fee)**

Your registration is not complete until your completed application and registration fee has been received at SCDTAA Headquarters. Submittal of those materials does not guarantee you a slot in Trial Academy. You will be notified via e-mail of the status of your application. Lawyers whose applications are not accepted will receive advance notification of next year's Trial Academy.

Return this form with payment to:

South Carolina Defense Trial Attorneys' Association
1 Windsor Cove, Suite 305 ♦ Columbia, South Carolina 29223
(803) 252-5646 ♦ Fax (803) 765-0860

Office use only
Amount Paid _____
Date Recd. _____