



CONFERENCE REGISTRATION

Saturday, March 17, 2007

Name (for name tag): _____

Organization: _____

Address: _____

E-mail: _____

Phone: _____

Emergency Contact: _____

Phone: _____

Check the box if you:

☐ Are enclosing a donation. Amount: \$ _____

☐ Would like an interpreter. Language: _____

☐ Need accommodation for a disability. Describe: _____

☐ Need childcare. Please list children's names and ages: _____

☐ Need assistance with transportation (including carpooling) or lodging.

The best way to contact you: Method (i.e. e-mail, phone, etc.): _____ Time: _____

Dietary Preferences: _____

Environmental Justice Advocates

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