

AACDL & FEDERAL PUBLIC DEFENDER PRESENTS:

2023 DEATH PENALTY CLE

DEBRIEFING THE PARKLAND SENTENCING TRIAL

PRESENTED BY THE TRIAL DEFENSE COUNSEL & FASD EXPERT WITNESS TEAM

DOUBLE TREE BY HILTON HOTEL
LITTLE ROCK, AR

\$98



SCAN HERE FOR
EARLY BIRD ROOM RATE

MARCH 9-10, 2023

The James Law Firm Hosts:
Welcome Reception | March 9 | 5pm

Registration Information

Check your membership category fee and note the Grand Total due. All registrants must stop by the on-site registration desk before attending any events to receive their badge. **Cancellations must be received in writing before 5:30pm CST on Friday, March 3, 2023, to receive a refund, less a \$75 processing fee.** A \$15 processing fee will be applied for returned checks. To register online, visit AACDL.com/PST; or fax this form with credit card information to (501) 246-8869; or mail with full payment to: **AACDL | PO Box 307 | Little Rock AR 72203.** **Questions? Contact Virginia Kulpanowski at (501) 412-8992 or email arkcrimlaw@yahoo.com**

REGISTRATION FEES:

- CHARTER Members \$ 250 ___
- PUBLIC DEFENDER Members \$ 275 ___
- REGULAR Members \$ 300 ___
- *Non AACDL Members \$ 400 ___
(*includes 1 Year membership-must be brand new to AACDL)
- Law School Faculty \$ 200 ___
- Mitigation Specialists \$ 150 ___
- Investigators \$ 150 ___
- Law Students \$ 75 ___

GRAND TOTAL: _____

PAY AT THE DOOR WILL BE AVAILABLE

REGISTRATION FORM

NAME: _____

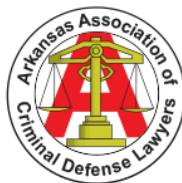
ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

BUSINESS PHONE: _____

FAX : _____

EMAIL: _____



Debriefing the Parkland
Sentencing Trial

Defense Counsel &
FASD Expert Witness Team

**WELCOME RECEPTION
MAR 9 | 5PM**



HOW TO REGISTER

- Scan QR Code to Register
- Visit online at AACDL.com/PST
- FAX to (501) 246-8869



9 hours of CLE has been applied for from the Supreme Court of Arkansas Continuing Legal Education Board

PAYMENT METHOD

Check enclosed (payable to AACDL)

AMEX VISA MASTERCARD DISCOVER

CARD NO: _____

CVC: _____ EXP DATE: _____

NAME OF CARD: _____

BILLING ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

AUTHORIZED SIGNATURE: _____