

2015 PUBLIC BENEFITS CONFERENCE

April 23-24

Pennsylvania Housing Finance Agency 211 S. Second Street, 1st Floor Harrisburg, PA 17101

Hotel Registration Deadline is Friday, March 27, 2015

Conference Registration Deadline is Friday, April 17, 2015

Registration is free to staff and client board members of the following PA Legal Aid Network (PLAN) programs: *CJP*, *CLS*, *FoF*, *LLS*, *LASP*, *MPLS*, *NLSA*, *NPLS*, *NWLS*, *PHLP*, *PILP*, *PLA*, *PULP*, *RHLS* and *SWPLS*. Registration includes conference materials, continental breakfast, lunch and afternoon snacks on Thursday, April 23 and full breakfast, morning snacks and lunch on Friday, April 24. Registration for staff of non-PLAN public interest, government, or other non profit organization is \$150.00. The cost for all other registrants is \$225.00.

CLE Credits

This conference has been approved by the Pennsylvania Continuing Legal Education Board for a maximum of 9.5 hours of CLE credit substantive law, practice and procedure and up to 1.0 of ethics, professionalism or substance abuse CLE credit. An additional fee of \$15.00 is required for **anyone** who is applying to receive this CLE credit.

Please Print or Type Clearly

Name:	A	Attorney ID# (if applying	g for CLE credit):
Program:			
Mailing Address:			
Email:	F	āx:	Phone number:
Please check one of the fol	llowing:		
☐ I am a staff member or boa	ard representative of	a Pennsylvania Legal /	Aid Network program.
□ I am a Pennsylvania Lega	I Aid Network prograr	n attorney applying for	CLE credit. A check for \$15 is enclosed.
☐ I am a staff member of a pregistration, plus \$15 for CLE		ment or nonprofit orga	nization. A check for \$150 is enclosed for my
☐ I am not affiliated with the \$15 for CLE fee if applicable.	,	Aid Network. A check f	for \$225 is enclosed for my registration, plus
Day(s) of Attendance:	☐ April 23	†□ April 24	
If you have other specific die	tary requirements, ple	ease describe:	
If you have other special nee	ds, please briefly des	scribe:	

There will be a fee of \$50 charged for all cancellations received after April 7 regardless of whether it is a "legal aid network registration" or a "non-legal aid" registration." For further questions about registration, please contact Joyce Tomasko, at 1-800-322-7572, ext. 207 or email: itomasko@palegalaid.net

Hotel Registration Form

Hotel Accommodations - Crowne Plaza Harrisburg-Hershey

Hotel accommodations are available to conference attendees at a special conference rate of \$103.00 (Double) or \$96.00 (Queen). The cost of parking is \$9 per day. Shuttle service will be provided for hotel patrons/conference attendees the morning and afternoon of April 23 and morning of April 24. Please note: The hotel is a non-smoking.

If you are a staff member or board member of one of our legal aid programs and you need hotel reservations, please indicate that on your registration form. We will add your name to the rooming list. Room, tax and parking will be direct billed to PLAN and our fiscal department will reconcile later with your program. While we will make hotel reservations for all attendees, registrants who are not affiliated with the PA Legal Aid Network of programs will be responsible to pay his/her own accommodations at the time of check in. For hotel reservations at the special conference rate, please complete and return the *Hotel Registration Form* by **Friday, March 27, 2015, 3:00 p.m. by mail, fax or e-mail to the address below**.

Hotel Registration Form
Pennsylvania Legal Aid Network, Inc.
118 Locust Street
Harrisburg, PA 17101
Fax: 717-233-4088
itomasko@palegalaid.net

Last name	First name			
Organization				
Street Address	City	State	zip code	
I <u>am not</u> affiliated with a legal service Hershey for me as follows:	es program, but please re	eserve a room at the C	rowne Plaza Harrisbur	
I/we will need overnight accommodation	ns for the dates checked b	elow:		
☐ Wednesday, April 22	☐ Thursday, April 23			
Please indicate rooming situation ☐ I will room alone ☐ I will share a room with:			_	
I <u>am</u> affiliated with a legal services profollows:	rogram which has appro	ved my request for ove	ernight accommodatio	
I/we will need overnight accommodation	ns for the dates checked b	elow:		
☐ Wednesday, April 22	☐ Thursday, April 23			
Please indicate rooming situation ☐ I will room alone ☐ I will share a room with:				
·	Name of roomm	ate		

You will be charged for the first night if reservations are not canceled within 24 hours prior to arrival. If you have questions or need additional information, please contact Joyce Tomasko at itomasko@palegalaid.net or by phone at 1-800-322-7572, ext. 207.