



## JUDGE'S CLINIC REGISTRATION FORM

Sunday November 17, 2024 - 8:30 am to Noon

**Registration Deadline is November 7, 2024**

Full Name\*

Address\*

Address Line 2

City\*  State\*

Postal/Code\*  Country\*

Phone Number\*

Email\*

Registration Cost \$150.00

Payment Options:

CreditCard type Disc/Visa/MasterCard/AmericanExpress

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

CreditCard No. \_\_\_\_\_ CVV \_\_\_\_\_ EXP \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Check Enclosed

Please Mail or Email Completed Form with payment  
to: [info@amha.org](mailto:info@amha.org)

**AMHA**  
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