

Name of Applicant: _____ Exam Location: _____

VII. EXAMINATION REGISTRATION FORM

Your Examination Registration Form must be received at least thirty (30) days prior to the date of the examination for which you are registering, and must be accompanied by the non-refundable \$300.00 (subject to change) Examination Fee. The next scheduled examination is October 2, 2009 and will be given in regional locations proctored at CELA attorney offices.

Name _____

Name of Firm _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

_____ I elect to take the exam using my own personal laptop computer using the ExamSoft SofTest software program. I agree to complete all procedures for certifying my laptop for the installation of the SofTest prior to taking the exam. If the program, or my laptop malfunctions, I will complete the exam manually.

_____ I elect to take the exam manually.

I have a disability that will require special arrangements at the exam. I understand that I will be responsible for paying all extra costs associated with the special arrangements.

Describe: _____

_____ Check # _____ payable to **NELF**

_____ Please Charge my VISA or MasterCard

Account No. _____ Expiration Date _____

Signature _____