

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 August 27, 2010 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 \_\_\_\_\_