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CDAM Criminal Defense  
Trial Practice College  
*“Trial Skills and Advanced Case Development”*

Registration Form

Mr. Ms. Name Click here to enter text.

Firm Click here to enter text.

Address Click here to enter text.

City Click here to enter text.State Click here to enter text. Zip Code Click here to enter text. County Click here to enter text.

PhoneClick here to enter text. E-Mail Click here to enter text.

TYPE OF PRACTICE

Private Practice  State/County Public Defender  Federal Defender

NUMBER OF TRIALS

Felony Jury Click here to enter text. Civil Jury Click here to enter text. Misdemeanor Jury Click here to enter text. Bench Trials Click here to enter text.

**INDIGENT DEFENSE**

I Do  or I Do Not Accept representation of indigent defendant in criminal matters.

PRACTICE

Percent Criminal Click here to enter text.% Years in Practice Click here to enter text.years

PERCEIVED EXPERIENCE LEVEL

Very Experienced  Moderately Experienced  Inexperienced

**CDAM TRIAL COLLEGE HISTORY**

Have you attended CDAM’s Trial College in the past? Yes  No

**TRIAL COLLEGE EXPECTATIONS**

What are your expectation for Trial College? Click here to enter text.

ADDITIONAL TRAINING

Please list other training program you have attended in the past 5 years (law related or other)

Click here to enter text.

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MANDATORY COMPLETION

I certify that I am not regularly engaged in the prosecution of criminal cases in any court. (Check box.)

Registration forms, and checks made payable to CDAM, should be mailed to **P.O. Box 279, Davison, MI 48423** or register/pay online by credit card at [www.CDAMonline.org](http://www.CDAMonline.org). **The entire tuition is required in advance due to space limitations of 40 students. Once that number is reached, regardless of the deadline, no other students will be accepted.**

For cancellations **postmarked** on or before July 31, 2021, CDAM will refund tuition fee, less $75. **There is no refund after August 1, 2021.**

TUITION

$1400.00 Single Occupancy

$1200.00 Double Occupancy

**TOTAL AMOUNT DUE** $ Click here to enter text. Enclosed is check # Click here to enter text. OR

Visa MasterCard Am Express Exp. Date Click here to enter text.

Security Code Click here to enter text.

Name on Card Click here to enter text.

Billing Address of Card Click here to enter text.

Card Number Click here to enter text. Signature Click here to enter text.