

Other Services Registration Form

Shemer's Essay Techniques; Tutoring; Last Essay Test Review and Critique

Full Name: Mr. / Ms: _____

Home Address: _____

City, State, Zip: _____

Home phone: _____ Work phone: _____

Fax: _____ Email: _____

Law School: _____ Date of Graduation: _____

Have you taken the MD Bar Exam before? _____ If so, how many times? _____

I wish to register for the: (a) February 200 _____ (b) July 200 _____

Course Selection & Fee (Check the service you wish to register for, your section and discount, if applicable.)

Shemer's Essay Techniques, An Essay Specialty Course (\$695)

_____ Register With A Friend Discount (Subtract \$45)

Individual Tutoring (\$125 per hour)

Last Essay Test Critique* (\$299)

*Shemer Maryland & Multistate Bar Review students who wish to have a personal last exam critique should not use this form. There is an opportunity to register during class.

Amount Enclosed: _____

Please make checks payable to Shemer Bar Review, LLC

Please bill my credit card: MC VISA

Card #: _____ Exp.: _____

Please bill my employer:

Name: _____ Attention: _____

Employer Address: _____ Phone: _____

Enrollment Contract with Shemer Bar Review, LLC

1. I understand that to take advantage of the Register With a Friend Discount, I must name the friend below, and my and my friend's registration applications and full fees must be received in the same envelope not later than December 27th for the February exam and May 25th for the July exam.

2. I understand that I may receive a full tuition refund less a \$25 administrative fee if written notice of withdrawal is received by December 27 for the February exam and May 25th for the July exam. A \$25 fee will be assessed for each check that is dishonored.

3. I understand that all materials, including lectures, provided by Shemer Bar Review are copyrighted. I will not duplicate, reproduce or electronically store them or allow others to do so by any means.

Signature: _____ Date: _____

Enroll by phone, 410-560-5811 or toll free 1-877-560-5811, by fax, 443-705-0217 or mail agreement and payment to Shemer Bar Review, LLC, P.O. Box 623, Lutherville, MD 21094-0623. *Please keep a copy for your records.*

For Office Use: Enrollment Date: _____ CC Auth #: _____ Enrollment #: _____