

2019 Spring Education Conference

April 6, 2019 • Los Angeles, CA

May 4, 2019 • Walnut Creek, CA

REGISTRATION FORM

Note: One registrant per form. Photocopies may be used.

Los Angeles: April 6, 2019

Walnut Creek: May 4, 2019

Bar Number: _____

Name: _____

Firm: _____

Firm Address: _____

City, State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

(Required for email confirmation)

Program package includes 6 hours of MCLE and legal specialization credits, program materials, continental breakfast and lunch.

Check here if you do not want your information released.

This event may be recorded. By attending this event, you consent to be photographed, filmed, and/or otherwise recorded, and to any use, by the CLA, of your likeness, voice, and name in any and all media including social media. If you do not want your name or photo to be used, please let us know in advance. We cannot, however, honor requests to opt out of the use of your image or voice if you choose to ask a question during one of the event sessions.

PRE-REGISTRATION FEES (check the appropriate circle)

\$295 Workers' Compensation Section Members

\$390 Non-Section Members

(includes enrollment in the Workers' Compensation Section for 2019)

\$195 Claims Specialist

**Onsite registration fees are \$345 for Section Members and \$440 for Non-Section Members

AMOUNT ENCLOSED OR TO BE CHARGED

\$ _____

REGISTRATION INFORMATION

Deadline: In order to pre-register, your form and check, payable to California Lawyers Association, or credit card information, must be received by 5 days prior to the program.

Register Online: <http://CALawyers.org/WorkersComp>

Mail To: Program Registrations, California Lawyers Association
400 Capitol Mall, Suite 650, Sacramento, CA 95814

Email To: Program Registrations at ProgramRegistrations@CALawyers.org. In order to email your registration, credit card information is **MANDATORY. (Photocopies of checks will NOT be accepted.)**

CREDIT CARD INFORMATION (VISA/MASTERCARD ONLY)

I authorize California Lawyers Association to charge my program registration to my VISA/MasterCard account. **(No other credit card will be accepted.)**

Account Number: _____

(VISA or MasterCard only)

Expiration Date: _____

Cardholder's Name: _____

Cardholder's Signature: _____

California Lawyers Association and the Workers' Compensation Section are approved State Bar of California MCLE providers.

Register Online <http://CALawyers.org/WorkersComp>



CALIFORNIA LAWYERS ASSOCIATION
Workers' Compensation Section
400 Capitol Mall, Suite 650
Sacramento, CA 95814

2019 Spring Education Conference

APRIL 6, 2019 **MAY 4, 2019**
WESTIN BONAVENTURE **WALNUT CREEK**
HOTEL & SUITES **MARRIOTT**
404 S. Figueroa Street 355 N. Main Street
Los Angeles, CA 90071 Walnut Creek, CA 94596

Earn 6 Hours MCLE Credit

REGISTER ONLINE:
<http://CALawyers.org/WorkersComp/EDUCATION>

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