

2019 Orange County Tech Conference

Saturday, May 4, 2019 • Santa Ana College

REGISTRATION FORM

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

Bar Number: _____

Name: _____

Firm: _____

Firm Address: _____

City, State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

(Required for email confirmation)

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)

\$55 LPMT Section Members

\$150 Non-LPMT Section Members
(includes enrollment in the LPMT Section for 2019)

Free Paralegal Student or Law Student Association Members of OCPA or OCBA
(Student attendees please register at <https://www.ocparalegal.org>)

**Onsite registration fees are \$150 for Section Members and \$245 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 April 26, 2019.

Register Online: <https://CALawyers.org/Law-Practice-Management-And-Technology>
Student attendees please use the free registration link at
<https://www.ocparalegal.org>

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: _____

Address if different from Firm Address: _____

City, State: _____ Zip Code: _____

Cardholder's Name: _____

Cardholder's Signature: _____

California Lawyers Association is an approved State Bar of California MCLE providers.