

# 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)

\$135 Business Law Section or Solo Section Members

\$230 Non-Section Members  
(includes enrollment in your choice of BLS or SSF for 2019)

BLS

SSF

\$95 California Young Lawyers Association Members

\*\*Onsite registration fees are \$135 for Section Members and \$230 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 May 9, 2019.

**Register Online:** <http://CALawyers.org/solo>

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

**Email To:** Program Registrations at [ProgramRegistrations@CALawyers.org](mailto: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: \_\_\_\_\_