

2019 SUMMER TRUSTS AND ESTATES EDUCATION CONFERENCE

Friday, June 28, 2019 • Sacramento, CA

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)

Program package includes 5 hours of MCLE credit, 5 hours of Estate Planning, Trust and Probate Law Specialization credit, program materials on a USB drive, 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)

- \$250 Members of the Trusts and Estates Section
- \$345 Non-Section Members
(Includes enrollment in the Trusts and Estates Section for 2019)
- \$150 CYLA—California Young Lawyers Association
(Includes enrollment in the Trusts and Estates Section for 2019)

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 June 20, 2019.

Register Online: <https://calawyers.org/section/trusts-and-estates/>

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: _____

Expiration Date: _____ (VISA or MasterCard only)

Cardholder's Name: _____

Cardholder's Signature: _____

The California Lawyers Association is an approved State Bar of California MCLE provider.

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