## CALIFORNIA LAWYER ASSOCIATION

## **In-Person Program Submission Form**

Note: This form should be used for any in-person meeting or program 4 hours or less in length.

CON	TACT	INFO	$\mathbf{N}$	[ <b>A T</b> ]	ION
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Section Name	
Subcommittee/Standing Committee	
Association Staff Coordinator:	
Section Volunteer Coordinator:	
Section Volunteer Email:	

## **PROGRAM DETAILS:**

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Title:	
Date:	
Start Time & End Time:	
Format: (meeting, CLE	
program, brown bag lunch,	
roundtable, etc.)	
Location Name & Address for	
live program:	
Will CLE be offered?	
Price:	
Short Description:	
250 character limit including spaces	
Long Description (optional):	
No Limit, but be reasonable	
Name/Email/Bio of	
Moderator and Link to State	
Bar Profile (if applicable):	
Name of Speaker(s)/	
/Email(s) /Bio(s) and Link	
to State Bar Profile (if	
applicable):	

## MCLE INFORMATION:

MCLE Credit:		Hours		Hours
	General Credit		Legal Ethics	
		Hours		Hours
	Elimination of	Bias	Competence Issues	
Legal Specialization:		Hours	Legal Specialization	n Area:

	Send	vour co	moleted	form to:	
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