

# SOCAL Symposium on Solo Success

Friday, September 20, 2019 • San Diego, California

## 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 4.0 Hours of MCLE credit, program materials, continental breakfast and lunch.

☐ Check here if you do not want your information released.

The 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)

- ☐ **\$160** Current Solo Section Members
- ☐ **\$200** Non-Section Members  
(Includes enrollment in the Solo and Small Firm Section)
- ☐ **\$95** California Young Lawyers Association Members and Students

\*\*Onsite registration fees are \$180 for Section Members and \$220 for Non-Section Members

### AMOUNT ENCLOSED OR TO BE CHARGED

\$ \_\_\_\_\_

CHECKS CAN BE MADE PAYABLE TO CALIFORNIA LAWYERS ASSOCIATION

### REGISTRATION INFORMATION

**Deadline:** In order to pre-register, your form and payment to the California Lawyers Association must be received 5 working days prior to the program.

**Register Online:** CALAWYERS.ORG/SOLO

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

**Email To:** 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 is an approved State Bar of California MCLE provider.

Register Online: CALAWYERS.ORG/SOLO