



THE BAR ASSOCIATION OF  
SAN FRANCISCO

# EVENT REGISTRATION FORM

Name: \_\_\_\_\_

Firm Name/Law School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

CA State Bar #: \_\_\_\_\_ BASF ID: \_\_\_\_\_

Credit Card:  Visa  MasterCard  American Express

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

3 or 4 Digit Security Code: \_\_\_\_\_ Credit Card Billing Zip Code: \_\_\_\_\_

PROGRAM TITLE	EVENT CODE	EVENT DATE	PRICE*
<b>TOTAL</b>			

If you need more space please duplicate this form.

Please fax this completed form with credit card information to:

Attention: CLE Department, 415-477-2388

Or mail the form to:

The Bar Association of San Francisco, CLE Department  
201 Mission Street, Suite 400 San Francisco, CA 94105

\* Please note, all prices for MCLE programs increase on the day of the program by \$10.00.