



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*
TOTAL			

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

301 Battery Street, 3rd Floor San Francisco, CA 94111

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