

**CLE Registration Form**

Title of Seminar: \_\_\_\_\_

Date of Seminar: \_\_\_\_\_

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

Atty. ID #: \_\_\_\_\_

Firm/Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Payment Information**

Cost of Seminar: \_\_\_\_\_

Check

Visa       MasterCard       AMEX

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_