



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			

Please email this form to [cle@sfbar.org](mailto:cle@sfbar.org)

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.