



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:** \_\_\_\_\_

**Name on Credit Card:** \_\_\_\_\_

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

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**

**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.