

REGISTRATION FORM

Note: One registrant per form. Photocopies may be used.

Bar Number: _____

Name: _____

Firm: _____

Firm Address: _____

City, State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

(Required for email confirmation)

Program package includes 6.00 Hours MCLE Credit, program materials, continental breakfast, and lunch.

Check here if you do not want your information released.

PRE-REGISTRATION FEES (check the appropriate circle)

\$275 Trusts and Estates Section Members

\$370 Non-Section Members
(includes enrollment in the Trusts and Estates Section for 2015)

** Onsite registration fees are \$275 for Section Members and \$370 for Non-Section Members

AMOUNT ENCLOSED OR TO BE CHARGED \$ _____

CREDIT CARD INFORMATION (VISA/MasterCard Only)

I authorize The State Bar of California to charge my program registration to my VISA/MasterCard account. (No other credit card will be accepted.)

Account Number: _____

(VISA or MasterCard only)

Expiration Date: _____

Cardholder's Name: _____

Cardholder's Signature: _____

Deadline: In order to pre-register, your form and check, payable to The State Bar of California, or credit card information, must be received by May 8, 2015.

Register Online: <http://trustslaw.calbar.ca.gov>

Mail To: Program Registrations, The State Bar of California,
180 Howard Street, San Francisco, CA 94105.

Fax To: Program Registration at 415-538-2368. In order to fax your registration, credit card information is MANDATORY.
(Photocopies of checks will NOT be accepted.)