



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: _____

Security Code: _____ Credit Card Billing Zip Code: _____

Name on Credit Card: _____

PROGRAM TITLE	EVENT CODE	EVENT DATE	PRICE*
TOTAL			

Please email this form to cle@sfbar.org

Or mail the form to:

ATT: CLE Department
Bar Association of San Francisco
50 Fremont Street, Suite 1700
San Francisco, CA 94105

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