

Pre-Registration/ Event Fee FORM

Early-bird Registration Deadline: August 30, 2016
Pre-Registration Deadline: September 8, 2016

Use the Course Selector for your education course selections.
For registration assistance call: 415-538-2508.
For special assistance call: 415-538-2210 or e-mail AnnualMeeting@calbar.ca.gov
Keep a copy for your records.

****EXCLUSIVELY FOR STATE BAR SECTION AND COMMITTEE MEMBERS -- DISCOUNT REGISTRATION**

HOW TO REGISTER

Committee Name: _____
(MUST FILL IN)

Fax: Send Pre-Registration Form and Course Selector to:
415-538-2368.
If sending by fax, do not mail original form. Faxed registrations must include credit card payment. Confirmation of receipt of faxed registrations cannot be taken by telephone.

Mail: Send Pre-Registration Form and Course Selector to:
2016 Annual Meeting Pre-Registration
The State Bar of California
180 Howard Street
San Francisco, CA 94105-1639

STEP ONE

Bar # _____
First & Last Name _____
Firm _____
Address _____
City, State, Zip _____
Phone _____
Email (required for email confirmation) _____

Check here if you do not want your name and address disclosed to other 2016 Annual Meeting attendees, exhibitors/vendors

Your response to the following questions will aid us in planning future Annual Meetings.

Primary Practice Area: _____
Firm/Practice Size: 1-5 attys 6-50 attys 51+ attys

Complimentary to Annual Meeting Registrants (up to \$95 value). Select one State Bar Section membership (valid August 2 - December 31, 2016). For more information about a State Bar Section visit www.calbar.org/sections

- | | | |
|---|---|--|
| <input type="checkbox"/> Antitrust & Unfair Comp. | <input type="checkbox"/> International Labor & Employment | <input type="checkbox"/> Real Property Solo & Small Firm |
| <input type="checkbox"/> Business | <input type="checkbox"/> Law Practice/Mgmt & Tech | <input type="checkbox"/> Taxation |
| <input type="checkbox"/> Criminal | <input type="checkbox"/> Litigation | <input type="checkbox"/> Trusts and Estates |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Public Law | <input type="checkbox"/> Workers' Comp. |
| <input type="checkbox"/> Family | | |
| <input type="checkbox"/> Intellectual Property | | |

STEP TWO

REGISTRATION FEES (Select only one from option A or B)

OPTION A – FULL REGISTRATION PASS

	Through Aug. 30	
<input type="checkbox"/> Attorneys licensed before 9/1/11	-\$525	
<input type="checkbox"/> Attorneys licensed after 9/1/11	-\$425	
<input type="checkbox"/> Other (non-attorney Bar association staff/paralegal legal secretary/office administrator)	-\$355	
<input type="checkbox"/> New Admittee (licensed from 12/1/2015–12/1/2016)	-\$175	
<input type="checkbox"/> Law Student	-\$95	

OPTION B – TWO-DAY REGISTRATION PASS

Education courses and activities on select days.

<input type="checkbox"/> Thursday/Friday Pass	-\$395	
<input type="checkbox"/> Saturday/Sunday Pass	-\$395	

Subtotal Registration Fees: \$ 275

EVENT FEES (Event fees will not be accepted without pre-registration fee.)

	# of Tickets	Cost	Total
Thursday, September 29, 2016			
[112] Networking Luncheon (free)	Must RSVP to Attend: <input type="checkbox"/> Yes <input type="checkbox"/> No		
[113] California Women Lawyers Dinner and Silent Auction		@ \$150	\$ _____
Friday, September 30, 2016			
[114] State Bar Luncheon		@ \$49	\$ _____
[115] President's Reception—Adult		@ \$49	\$ _____
[116] President's Reception—Child (12 and under)		Complimentary	\$ 0
Saturday, October 1, 2016			
[117] State Bar Breakfast		@ \$35	\$ _____
[118] State Bar Luncheon & Morrison Address		@ \$49	\$ _____

Subtotal Event Fees: \$

Total Registration & Event Fees enclosed/to be charged: \$

STEP THREE

Make check payable to: The State Bar of California. Paying by credit card? Fax registration form to 415-538-2368

I authorize the State Bar of California to charge my Annual Meeting fees to my MasterCard or VISA account. (No other credit cards accepted)

MasterCard VISA

Account # _____

Exp. Date _____

Cardholder's Name _____
(print as it appears on card)

Cardholder's Signature _____

2016 State Bar Annual Meeting | September 29–October 2

COURSE SELECTOR

Name _____

Bar # _____

Circle the number of the program you wish to attend. Select only ONE in each time slot.

Thursday – September 29	PROGRAM NUMBER
11:00 am – 12:30 pm	1
2:00 pm – 3:30 pm	2 3 4 5 6 7 8 9 10 11
4:00 pm – 5:30 pm	12 13 14 15 16 17 18 19 20 21
Friday – September 30	PROGRAM NUMBER
8:30 am – 10:00 am	22 23 24 25 26 27 28 29 30 31
10:30 am – 12:00 pm	32 33 34 35 36 37 38 39 40 41
1:30 pm – 3:00 pm	42 43 44 45 46 47 48 49 50 51
3:30 pm – 5:00 pm	52 53 54 55 56 57 58 59 60 61
Saturday – October 1	PROGRAM NUMBER
8:30 am – 10:00 am	62 63 64 65 66 67 68 69 70 71
10:30 am – 12:00 pm	72 73 74 75 76 77 78 79 80 81
1:30 pm – 3:00 pm	82 83 84 85 86 87 88 89 90 91
3:30 pm – 5:00 pm	92 93 94 95 96 97 98 99 100 101
Sunday – October 2	PROGRAM NUMBER
8:30 am – 10:00 am	102 103 104 105 106 107 108 109 110
10:15 am – 11:45 am	111