REGISTRATION FORM

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

CHOOSE LOCATION

❑ **March 12, JW Marriott, Los Angeles**
❑ **April 23, Oakland Airport Hilton**
❑ **June 4, Cliffs Resort, Pismo Beach**

Bar Number: _____

Name: _____

Firm: _____

Firm Address: _____

City, State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Email Address: _____
(Required for email confirmation)

Program package includes 6 hours of MCLE and legal specialization credits, program materials, continental breakfast and lunch.

❑ Check here if you do not want your information released.

PRE-REGISTRATION FEES (check the appropriate circle)

❑ $250   Workers' Compensation Section Members

❑ $345   Non-Section Members
           (includes enrollment in the Workers' Compensation Section for 2016)

❑ $175   Claims Specialists, Hearing Representatives, & Paralegals

**Onsite registration fees are $300 for Section Members and $395 for Non-Section Members

AMOUNT ENCLOSED OR TO BE CHARGED $_____

REGISTRATION INFORMATION

Deadline: In order to pre-register, your form and check, payable to The State Bar of California, or credit card information, must be received 5 days prior to the program.

Register Online: http://workerscomp.calbar.ca.gov

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

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

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: _____