

Seminar Registration Form

Name: _____ Bar Number: _____
(One Name Per Form)

Firm: _____

Telephone: (_____) _____

Mailing Address: _____

City

State

Zip

Course: **Please check appropriate box**

Course	Hrs.	Date	Amount
<input type="checkbox"/> Last Chance Cle	12.5 hrs.	December 11-12, 2009	\$395.00
<input type="checkbox"/> Ethics and Professionalism Only			50.00 each
One day only			275.00

REGISTRATION:

To Register By Phone with Credit Card or For Information: Call (225) 771-2155. Please have your Mastercard or Visa information available when calling.

To Register By Fax, With Credit Card: Fax your registration to (225) 771-6257. Please include your Mastercard or Visa information.

***Check, Charge or Money Order Only**

Visa **MC** **Card No.** _____ **Exp.** _____

Cardholder: _____ **Signature:** _____

Billing Address for Card: _____

Mail to: Southern University Law Center, Office of CLE, P.O. Box 9294, Baton Rouge, LA 70813.