

Registration Form

HANGING OUT YOUR SHINGLE WEBINAR

Thursday, May 8, 2025

GENERAL INFORMATION

Ms. Mr. Name _____

First Name for Badge _____

Firm Name _____

Address _____

City/State/Zip _____

Office Phone _____ Home Phone _____

Fax _____

Please check here or contact the LSBA if you have a disability which may require special accommodations at this conference. The LSBA is committed to ensuring full accessibility for all registrants.

Add-on option to Bridging the Gap Registration - \$25

SEMINAR PAYMENT

Pay by Check: Make checks payable to the Louisiana State Bar Association.

Pay by Credit Card: Please charge \$_____ to my credit card VISA MC Discover

Last four (4) digits of credit card _____

Name as it Appears on Card _____

Billing Address on Card _____

City/State/Zip _____

Signature _____

CREDIT CARD INFO

The credit card information below will be destroyed after your credit card has been charged:

CLE REGISTRATION

Please charge \$_____ to my credit card VISA MC Discover

Credit Card Account Number _____

Expiration _____ Security Code _____

**The LSBA will no longer accept registration forms with credit card information via email.
REGISTRATION FORMS MUST BE MAILED OR FAXED.**

Please return this form with your remittance to:

Seminar Registration - Louisiana State Bar Association, 601 St. Charles Ave., New Orleans, LA 70130-3404

Questions? Please call (504)619-0102 • (800)421-5722, ext. 102 • fax (504)617-7050