



LANCASTER BAR
ASSOCIATION

SUMMIT REGISTRATION FORM

Name: _____

Attorney ID: _____

Firm Name: _____

Firm Address: _____

Phone: _____ E-mail: _____

Title of Summit: _____

LBA Member w/ Credit - \$100.00

LBA Non-Member w/ Credit - \$150.00

A check payable to the Lancaster Bar Association for \$_____ is enclosed.

Mail your registration form to: Lancaster Bar Association

Attn: CLE Dept.

28 E. Orange Street

Lancaster, PA 17602

**No refunds will be issues unless notice of cancellation is received at least 48
hours before the seminar date.**

**Any questions, please contact Taylor Cook, LBA Continuing Legal Education
Coordinator, taylor@lancasterbar.org**