



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 issued 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