



REGISTRATION FORM

Name: _____

ISB #: _____ Firm: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

FILL OUT THIS COLUMN FIRST ↓

FULL REGISTRATION PARTICIPANT

Includes all meals, CLEs & Plenary Session

<p>Early Bird (by June 12)</p> <p><input type="checkbox"/> \$275</p>	<p>Standard (after June 12)</p> <p><input type="checkbox"/> \$325</p>	<p>First Time Attendee</p> <p><input type="checkbox"/> \$245</p>
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SPECIAL REGISTRATION PARTICIPANT

Includes CLEs & Plenary Session ONLY

→ Meal Events Require Additional Payment →

<p>Attorneys who have been practicing three years or less and/or are unemployed residing <i>inside</i> the 5th District</p> <p><input type="checkbox"/> \$140</p>	<p>Attorneys who have been practicing three years or less and/or are unemployed residing <i>outside</i> the 5th District</p> <p><input type="checkbox"/> FREE</p>	<p>Law Students</p> <p><input type="checkbox"/> \$40</p>
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DAY PASS REGISTRATION PARTICIPANT

Includes CLEs & Plenary Session ONLY

→ Meal Events Require Additional Payment →

<p>Thursday Full Day</p> <p><input type="checkbox"/> \$135</p>	<p>Thursday Morning Session</p> <p><input type="checkbox"/> \$70</p>	<p>Thursday Afternoon Session</p> <p><input type="checkbox"/> \$100</p>
<p>Friday Full Day</p> <p><input type="checkbox"/> \$160</p>	<p>Friday Morning Session</p> <p><input type="checkbox"/> \$115</p>	<p>Friday Afternoon Session</p> <p><input type="checkbox"/> \$80</p>

FILL OUT THIS COLUMN LAST ↓

MEAL EVENTS

(Included with Full Registration)

Distinguished Lawyer Awards Dinner

Registrant Guest (\$50 each) = \$ _____

Service Awards Luncheon

Registrant Guest (\$35 each) = \$ _____

50/60/65 Years of Admission Reception

Registrant Guest (\$20 each) = \$ _____

Social Networking Luncheon

Registrant Guest (\$30 each) = \$ _____

Total Meal Event Fees = \$ _____

Guest Name(s):

1. _____

2. _____

3. _____

4. _____

PAYMENT INFORMATION

Make checks payable to and send completed form to:
Idaho State Bar, PO Box 895, Boise, ID 83701
 Fax: (208) 334-4515

Method of Payment:

Cash Check VISA Mastercard

Cardholder's Name (As Imprinted on Card)

Acct.# _____

Exp.Date _____ Amt. _____

Signature _____