

2016 IDAHO STATE BAR ANNUAL MEETING 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

→ Only Guests Require *Additional Payment* for Meal Events →

Early Bird
(by June 17)
 \$275

Standard
(after June 17)
 \$325

First Time
Attendee
 \$245

SPECIAL REGISTRATION PARTICIPANT

Includes CLEs & Plenary Session ONLY

→ Meal Events & Guests Require *Additional Payment* →

Attorneys who
have been
practicing three
years or less and/
or unemployed
(self employed
ineligible)
residing **inside**
the 3rd or 4th
Districts
 \$140

Attorneys who
have been
practicing three
years or less and/
or unemployed
(self employed
ineligible)
residing **outside**
the 3rd or 4th
Districts
 FREE

Law
Students
 \$40

DAY PASS REGISTRATION PARTICIPANT

Includes CLEs & Plenary Session ONLY

→ Meal Events & Guests Require *Additional Payment* →

Thursday
Full Day
 \$135

Thursday
Morning Session
 \$70

Thursday
Afternoon Session
 \$100

Friday
Full Day
 \$160

Friday
Morning Session
 \$115

Friday
Afternoon Session
 \$80

FILL OUT THIS COLUMN LAST ↓

MEAL EVENTS
(Included will Full Registration)

Distinguished Lawyer & Jurist Awards Dinner
 Registrant Guest (\$50 each) = \$_____

Service Award Luncheon
 Registrant Guest (\$35 each) = \$_____

Milestone Celebration 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 _____