



Idaho State Bar 2014 Annual Meeting
• Registration Form •
 Shoshone-Bannock Hotel & Event Center
 Pocatello • Fort Hall
 July 16-18

Name: _____
 Attorney #: _____ Firm _____
 Mailing Address: _____ City, State, Zip: _____
 Phone: _____ Email: _____

Choose Registration Option from the left column ↓ - ALSO Meal Events you/guests will attend from the right column ↓

Full Registration
Includes all meals, CLEs & Plenary Session

Early Bird (by June 16) <input type="checkbox"/> \$260	Standard (after June 16) <input type="checkbox"/> \$310	First Time Attendee <input type="checkbox"/> \$230
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Special Registration
Includes CLEs & Plenary Session ONLY
• Meal Events Require Additional Payment •

Attorneys residing <i>within</i> the 6th and 7th Districts or Utah, Wyoming or Montana who have been practicing 3 years or less and/ or are unemployed <input type="checkbox"/> \$125	Attorneys residing <i>outside</i> of the 6th and 7th Districts or Utah, Wyoming or Montana who have been practicing 3 years or less and/or are unemployed <input type="checkbox"/> FREE	Law Students <input type="checkbox"/> FREE
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Day Pass Registration
Includes CLEs & Plenary Session ONLY
• Meal Events Require Additional Payment •

Thursday Full Day <input type="checkbox"/> \$130	Thursday Morning Session <input type="checkbox"/> \$65	Thursday Afternoon Session <input type="checkbox"/> \$95
Friday Full Day <input type="checkbox"/> \$155	Friday Morning Session <input type="checkbox"/> \$110	Friday Afternoon Session <input type="checkbox"/> \$75

Meal Events

Distinguished Lawyer Awards Dinner
 Registrant* + Guest (\$45 each) = \$ _____

Service Awards Luncheon
 Registrant* + Guest (\$30 each) = \$ _____

50/60/65 Years of Admission Reception
 Registrant* + Guest (\$15 each) = \$ _____

Social Networking BBQ Lunch
 Registrant* + Guest (\$25 each) = \$ _____

Total Meal Event Fees = \$ _____

Guest Name(s):

1. _____
 2. _____
 3. _____
 4. _____

***No Charge with Full Registration**

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 _____

ACON-REG