



Idaho State Bar
ANNUAL MEETING
July 18 - 20 | Sun Valley Resort

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 15) <input type="checkbox"/> \$300	Standard (after June 15) <input type="checkbox"/> \$350	First Time Attendee <input type="checkbox"/> \$265
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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 & retired ineligible) residing inside the 5th District <input type="checkbox"/> \$160	Attorneys who have been practicing three years or less and/ or unemployed (self employed & retired ineligible) residing outside the 5th District <input type="checkbox"/> \$60	Law Students <input type="checkbox"/> \$50
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DAY PASS REGISTRATION PARTICIPANT

Includes CLEs & Plenary Session ONLY

→ Meal Events & Guests Require *Additional* Payment →

Thursday Full Day <input type="checkbox"/> \$145	Thursday Morning Session <input type="checkbox"/> \$80	Thursday Afternoon Session <input type="checkbox"/> \$110
Friday Full Day <input type="checkbox"/> \$170	Friday Morning Session <input type="checkbox"/> \$125	Friday Afternoon Session <input type="checkbox"/> \$100

COURSE MATERIAL OPTIONS

Attendees will receive a thumb drive unless otherwise indicated below.

Hard Copy
 Thumb Drive

FILL OUT THIS COLUMN LAST ↓

MEAL EVENT RSVP

Please check if you plan to attend.

Distinguished Lawyer & Jurist Awards Dinner

Full Registrant (Included)
 Special Reg. / Day Pass / Guest (\$55 each)
 Dinner Total = \$ _____

Service Award Luncheon

Full Registrant (Included)
 Special Reg. / Day Pass / Guest (\$40 each)
 Luncheon Total = \$ _____

Milestone Celebration Reception

Full Registrant (Included)
 Special Reg. / Day Pass / Guest (\$25 each)
 Reception Total = \$ _____

Networking BBQ Luncheon

Full Registrant (Included)
 Special Reg. / Day Pass / Guest (\$35 each)
 Luncheon Total = \$ _____

Total Meal Event Fees = \$ _____

Guest Name(s):

PAYMENT INFORMATION

Make check payable to and send completed form to:
Idaho State Bar, PO Box 895, Boise, ID 83701
 Fax: (208) 334-4515 / Email: dferrero@isb.idaho.gov

Method of Payment:

Cash Check Visa Mastercard

Cardholder's Name (As Imprinted on Card)

Acct. # _____

Exp. Date _____ Amt. _____

Signature _____