

REGISTRATION FORM Please print or type.
 Registration is **ONLY** available through the State Bar of Wisconsin.

Name _____	State Bar No. _____
Organization _____	Email address: _____
Address _____	
City _____	State _____ Zip _____
Phone _____	Fax _____
Name you want to appear on badge _____ (if different than above)	

Special Early Bird Discount! Register BEFORE September 23, 2008, subtract \$25 from your registration.

Early bird special (through September 23, 2008)

State Bar of Wisconsin members or WALA members	\$250	\$ _____
Staff of State Bar Members*	\$250	\$ _____
Nonmembers	\$350	\$ _____
Law Student.....	\$125	\$ _____

After September 23, 2008

State Bar of Wisconsin members or WALA members	\$275	\$ _____
Staff of State Bar Members*	\$275	\$ _____
Nonmembers	\$375	\$ _____
Law Student.....	\$125	\$ _____

*In order for staff to receive this rate, an SBW member must also register for the Conference at the same time as the staff member. Only fax, mail and phone registrations allowed. Sorry, no online registration available.

**All registrations include materials on a flash drive –
 Add \$50 if you want printed materials also**

Qty. ____ x \$50 \$ _____

4 Easy Ways to Register

On the Internet: You must login to the State Bar of Wisconsin website with your member account or create a new account to register.

By Phone: Charge your registration by calling (800) 728-7788 or (608) 257-3838. Please have your VISA, MasterCard or AMEX information ready.

By Mail: Mail the registration form and a check payable to State Bar of Wisconsin or completed credit card information to:
 State Bar of Wisconsin WSSF Conference
 P.O. Box 7158
 Madison, WI 53707-7158

By Fax: Fax the registration form to (608) 257-5502. Please include your VISA, MasterCard or AMEX information. Our Fax line is open 24 hours a day, seven days a week.

Total Enclosed \$ _____

<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> AmEx
(Sales tax is included in the price of all meals.)		
Account # _____		
Exp. Date _____		Signature _____

PRIORITY CODE M1093R

About CLE Credit

This program will be submitted to the Wisconsin Board of Bar Examiners for CLE and EPR credits. Only individuals registering as State Bar of Wisconsin members will be submitted for CLE credits. (MN and IL CLE and EPR credits will be applied for upon request.)

Please provide this information for EACH additional attendee. Please attach additional sheets for more attendees.

Additional Attendee: **Member / Member's Staff** **Nonmember / Nonmember's Staff**

Name _____ Email address: _____

Phone _____ Fax _____

Name you want to appear on badge _____ (if different than above)