



CLE REGISTRATION FORM

(PLEASE PRINT)

Name: _____

Supreme Court Number: _____

Firm Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

E-Mail Address: _____

4 Easy Ways To Register:

Mall: Toledo Bar Association
CLE Department
311 N. Superior St.
Toledo, OH 43604-1421

Phone: 419-242-9363

FAX: 419-242-3614

E-Mail: cle@toledobar.org

Online: www.toledobar.org

Date	Title of Seminar	TBA Code#	Member	Non-Member
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	\$ _____	\$ _____
5. _____	_____	_____	\$ _____	\$ _____
6. _____	_____	_____	\$ _____	\$ _____
Total:			\$ _____	\$ _____

Form of Payment:

Enclosed is a check for \$ _____ Payable to: Toledo Bar Association



Name on Card _____

Account # _____

Signature: _____ Expiration Date: _____