

**Non-Utah State Bar Member Request to Attend CLE Event or Bar Convention**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_

Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

if different from above

City \_\_\_\_\_

State \_\_\_\_

Zip \_\_\_\_\_

Phone Number (      ) \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_

**Law Day**

**22\_9427**

**Individual Seat \$50 Table**

**Sponsor \$500 each**

## Payment Authorization

Cardholder Name	
Card Number	
Exp Date (MM/YY)	
CVV	
Billing Zip Code	
Amount \$	

Cardholder Signature

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Date

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By signing this form, you are giving the Utah State Bar authorization to make a one-time charge to the credit/debit card for the amount indicated above.

**Please note we only accept VISA and MasterCard.**