

Date:

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

Name:

Street Address:

City, State, Zip:

Mailing Address if different from above:

Phone Number:

Email:

(Signature)

Event Title:

Event Date:

To be filled out by CLE Department.

Event Code:

Price:

Please return form and payment to:
Utah State Bar CLE Dept.
645 South 200 East
Salt Lake City, UT 84111

Payment Authorization

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

Cardholder Signature

Date

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.