

REGISTRATION FORM

Name: _____

Address _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____ Fax: _____

Full-Time Registration	Early Bird	After 9/18	On-site	Total
ISBA Member	\$275	\$325	\$375	\$ _____
ISBA Member Licensed Less Than 5 years	\$140	\$190	\$240	\$ _____
ISBA Member Judge	\$175	\$225	\$275	\$ _____
ISBA Member Paralegal	\$95	\$145	\$195	\$ _____
Non-Member	\$510	\$560	\$610	\$ _____

Your full-time registration fee includes: Opening Plenary Session, ISBA Law Expo, Wednesday & Thursday breakfast, the President's Reception on Wednesday and attendance at any Section/Committee CLE Program. Up to 26 hrs CLE, 3 hrs Ethics, 2 hrs CME and 4 hrs NLS are being offered throughout the Annual Meeting!

Part-Time Registration

ISBA Member Single Day	\$175	\$225	\$275	\$ _____
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ISBA Member Single Day includes: Breakfast, CLE programming, Law Expo (& President's Reception, if applicable).

Check which day you plan to attend: Wednesday, October 10 Thursday, October 11

ISBA Member Single Program	\$50	\$100	\$150	\$ _____
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ISBA Member Single Program includes: attendance at one Section or Committee CLE Program of your choice.

Please indicate the program you will be attending: _____

Spouse/Guest Registration

Spouse/Guest Registration	\$50	\$75	\$100	\$ _____
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Spouse/Guest Registration includes: attendance at the opening plenary, all social functions & the law expo.

Spouse/Guest Name: _____

Special Events

You must pre-register for the below special events. Walk-ins will be accepted on a space-available basis.

Wednesday, October 10

ISBA Awards Luncheon # _____ \$25 each (\$40 on-site) \$ _____

President's Reception # _____ \$30 each Additional Ticket \$ _____

(President's Reception is included in the full-time, Wednesday single day and spouse/guest registrations.)

Thursday, October 11

Association Assembly Luncheon # _____ \$25 each (\$40 on-site) \$ _____

Randall T. Shepard Award Reception & Dinner # _____ \$50 each \$ _____

TOTAL: \$ _____

REGISTRATION continued...

ADDITIONAL INFORMATION

I am a delegate and will be attending the House of Delegates Meeting on Wednesday, October 10.

In case of emergency during the annual meeting, please contact:

Name: _____ Phone Number: _____

Please indicate any special needs: Diabetic Vegetarian Other: _____

Physical: Please check here if you require special accommodations and fax a written description of your needs to 317.266.2588.

MIDNIGHT BOWLING TOURNAMENT

October 10, 2007 – Midnight – Pluto’s Alley & Well, French Lick Resort & Casino

Yes, I plan to attend the Midnight Bowling Tournament

CANCELLATION POLICY

Cancellations must be received in writing by 4:30 pm on 9/25/07 in order to receive a refund. Refunds will be issued less a \$25 processing fee.

QUESTIONS? Contact ISBA at 317-639-5465 or 800-266-2581.

METHOD OF PAYMENT

Check (made payable to ISBA)
Indiana State Bar Association, Attention: Sherry Allan
One Indiana Square, Suite 530
Indianapolis, IN 46204

Credit Card (Fax Credit Card Orders to 317-266-2588):
 Visa MasterCard American Express Discover

Card No. _____ Exp. Date _____

*3-4 Digit Verification Code _____

Signature _____

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