



# Registration Form

Please complete a separate form for each registrant.  
Please print. (Please do not staple checks)

**NAME**

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**FIRM/ORGANIZATION**

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**ADDRESS**

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**CITY/STATE**

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**ZIP**

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**TELEPHONE**

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**BAR ID#**

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**DATE ADMITTED TO PRACTICE**

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**EMAIL**

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**For the Live Webcast,  
you must register at [www.ribar.com](http://www.ribar.com).**

**TUITION**

Members of RIBA: \$135.00 \_\_\_\_\_

Non Members: \$225.00 \_\_\_\_\_

**TOTAL** \_\_\_\_\_

Enclosed is my check for

\_\_\_\_\_ payable to the Rhode Island  
Bar Association/CLE

AMX  M/C  Visa  Discover

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Exp. Date \_\_\_\_\_

Signature

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Mail to:  
CLE Seminar  
Rhode Island Bar Association  
41 Sharpe Drive  
Cranston, Rhode Island 02920  
Or fax to 401-421-2703, or register  
at [www.ribar.com](http://www.ribar.com).