

Pre-Registration & Ticket Fee **FORM**

KEEP A COPY FOR YOUR RECORDS.

Early Bird Registration Deadline: August 10, 2009

Pre-registration Deadline: August 17, 2009

Pre-registration is required for ticketed events and hotel reservations. Use reverse side for course selection. For registration information call 415-538-2508. For special assistance please call 415-538-2210.

HOW TO REGISTER

On-Line at www.calbar.ca.gov/annualmeeting

Complete steps 1, 2 & 3 and file pre-registration/ticket form online, fax or mail.

Fax Pre-registration form/Course Selector to: 415-538-2368.

If sending by fax, do not mail original form. Faxed registration must include credit card payment and cannot be confirmed by telephone.

Mail Pre-registration Form/Course Selector to: 2009 Annual Meeting Pre-registration State Bar of California, 180 Howard Street, San Francisco, CA 94105-1639

STEP 1

Bar# _____

First Name _____ Last Name _____

Badge Name (Please print or type name as it should appear on name badge.) _____

Phone _____ Fax _____

Email (required for email confirmations) _____

Firm Address _____

City, State, Zip _____

*Non-attorney spouse/guest name _____

*If your spouse/guest is not an attorney, registration is complimentary. Attorney spouse/guest must complete separate form and pay registration fee.

Check here if you don't want your name and address disclosed to other 2009 Annual Meeting attendees and exhibitors/vendors.

Complimentary to All Annual Meeting Registrants (up to \$75 value)

State Bar Section Membership (August 3 through December 31, 2009)

Check one only.

- | | | |
|---|--|--|
| <input type="checkbox"/> Antitrust & Unfair Comp. | <input type="checkbox"/> International | <input type="checkbox"/> Solo and Small Firm |
| <input type="checkbox"/> Business | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Taxation |
| <input type="checkbox"/> Criminal | <input type="checkbox"/> Law Practice Mgmt & Tech. | <input type="checkbox"/> Trust and Estates |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Litigation | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Family | <input type="checkbox"/> Public Law | |
| <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Real Property | |

STEP 2

REGISTRATION FEES Select only one.

	Through Aug. 10, 2009	Aug. 11-Aug. 17 and On-site
<input type="checkbox"/> Attorneys licensed on or before 9/1/04	\$375	\$475
<input type="checkbox"/> Attorneys licensed after 9/1/04	\$275	\$375
<input type="checkbox"/> Other (Non-attorney bar association staff/paralegal/ legal secretary/office administrator/librarian/law student)	\$275	\$375

***Annual Meeting registration fees do not include the Conference of California Bar Associations delegate registration fee. See page 23.**

Subtotal for registration fees: \$ _____

EVENT FEES will not be accepted without pre-registration fee.

Thursday, September 10

	# Tickets	
[1] State Bar Luncheon, Katty Kay	_____ \$45	\$ _____
[2] Opening Night Reception	_____ (# in party)	\$FREE _____
[3] President's Reception on the USS Midway—Adults	_____ \$80	\$ _____
[4] President's Reception on the USS Midway—Child (3-11)	_____ \$35	\$ _____

Friday, September 11

[5a] State Bar Breakfast, William Haraf	_____ \$35	\$ _____
[5b] State Bar Luncheon, Jerome Ringo	_____ \$45	\$ _____
[5c] Night at the Museum with SDCBA/CJA/State Bar	_____ \$45	\$ _____

Saturday, September 12

[6a] Swearing-in Ceremony Luncheon	_____ (# in party)	\$HOSTED _____
[6b] Annual Meeting Dance Club	_____ (# in party)	\$FREE _____

Sunday, September 13

[7] 5K Fun Run/ 2K Power Walk	_____ \$30	\$ _____
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Subtotal from above event fees: \$ _____

Total Registration & Event Fees amount enclosed or to be charged: \$ _____

Step 3

Make check payable to The State Bar of California.

Paying by credit card? Register online or fax registration form to 415-538-2368.

I authorize the State Bar of California to charge my Annual Meeting fees to my **MasterCard** or **Visa** account. (No other credit cards will be accepted.)

MasterCard Visa

Account # _____ Exp. Date _____

Cardholder's Name (print as it appears on card) _____ Cardholder's Signature _____



2009 Course **SELECTOR**

Name _____ Bar # _____

Circle the number of the program you wish to attend. Select only ONE in each time slot. Please be aware some program time slots overlap. Select carefully. If you select programs that overlap, we will choose based on availability. Please select an alternative program in the event that a program sells out.

THURSDAY – SEPT. 10	PROGRAM NUMBER	ALTERNATIVE PROGRAMS
10:30 am – 12:00 noon	8 9 10 11 12 13 14 15 16	8 9 10 11 12 13 14 15 16
2:15 pm – 3:45 pm	17 18 19 20 21 22 23 24 25 26	17 18 19 20 21 22 23 24 25 26
2:15 pm – 5:15 pm	27	27
4:15 pm – 5:15 pm	28 29 30 31 32 33 34 35 36	28 29 30 31 32 33 34 35 36
FRIDAY – SEPT. 11	PROGRAM NUMBER	ALTERNATIVE PROGRAMS
8:30 am – 10:00 am	37 38 39 40 41 42 43 44 45	37 38 39 40 41 42 43 44 45
8:30 am – 12:00 noon	46	46
10:30 am – 12:00 noon	47 48 49 50 51 52 53 54 55 56 57 58 59 60	47 48 49 50 51 52 53 54 55 56 57 58 59 60
2:15 pm – 3:45 pm	61 62 63 64 65 66 67 68 69 70 71 72 73	61 62 63 64 65 66 67 68 69 70 71 72 73
4:15 pm – 5:15 pm	74 75 76 77 78 79 80 81 82 83	74 75 76 77 78 79 80 81 82 83
SATURDAY – SEPT. 12	PROGRAM NUMBER	ALTERNATIVE PROGRAMS
8:00 am – 9:00 am	84 85 86 87 88 89 90 91	84 85 86 87 88 89 90 91
8:00 am – 11:00 am	92	92
9:30 am – 11:00 am	93 94 95 96 97 98 99 100 101 102 103 104 105 106	93 94 95 96 97 98 99 100 101 102 103 104 105 106
2:15 pm – 3:45 pm	107 108 109 110 111 112 113 114 115 116 117 118 119	107 108 109 110 111 112 113 114 115 116 117 118 119
2:15 pm – 5:15 pm	120	120
4:15 pm – 5:15 pm	121 122 123 124 125 126 127	121 122 123 124 125 126 127
SUNDAY – SEPT. 13	PROGRAM NUMBER	ALTERNATIVE PROGRAMS
8:30 am – 9:30 am	128 129 130 131 132 140	128 129 130 131 132 140
8:30 am – 12:00 noon	133 134 135	133 134 135
10:00 am – 12:00 noon	136 137 138 139 141 142 143	136 137 138 139 141 142 143