

# 8th Annual Rating Extravaganza—Burbank Marriott

Saturday, September 7, 2019 • Los Angeles Marriott Burbank Airport

## REGISTRATION FORM

Note: One registrant per form. Photocopies may be used.

Bar Number: \_\_\_\_\_

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Firm Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

(Required for email confirmation)

Check here if you do not want your information released.

This event may be recorded. By attending this event, you consent to be photographed, filmed, and/or otherwise recorded, and to any use, by the CLA, of your likeness, voice, and name in any and all media including social media. If you do not want your name or photo to be used, please let us know in advance. We cannot, however, honor requests to opt out of the use of your image or voice if you choose to ask a question during one of the event sessions.

### PRE-REGISTRATION FEES (check the appropriate circle)

- \$295** Current Workers' Compensation Section Members
- \$390** Non-Section Members  
(Includes enrollment in the Workers' Compensation Section for 2019)
- \$195** Claims Specialist

\*\*Onsite registration fees are \$395 for Section Members and \$490 for Non-Section Members

AMOUNT ENCLOSED OR TO BE CHARGED

\$ \_\_\_\_\_

### REGISTRATION INFORMATION

**Deadline:** In order to pre-register, your form and check, payable to California Lawyers Association, or credit card information, must be received by August 30, 2019.

**Register Online:** <http://CALawyers.org/Section/Workers-Compensation>

**Mail To:** Program Registrations, California Lawyers Association  
400 Capitol Mall, Suite 650, Sacramento, CA 95814

**Email To:** Program Registrations at [ProgramRegistrations@CALawyers.org](mailto:ProgramRegistrations@CALawyers.org).  
In order to email your registration, credit card information is **MANDATORY**. (*Photocopies of checks will NOT be accepted.*)

### CREDIT CARD INFORMATION (VISA/MASTERCARD ONLY)

I authorize California Lawyers Association to charge my program registration to my VISA/MasterCard account. (*No other credit card will be accepted.*)

Account Number: \_\_\_\_\_

(VISA or MasterCard only)

Expiration Date: \_\_\_\_\_

Address if different from firm address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

The California Lawyers Association is an approved MCLE provider by the State Bar of California.

Register Online <http://CALawyers.org/Section/Workers-Compensation>