



MSBA Pro Bono CLE | Registration Form

Registrant(s)

Name	Email/Phone	Breakout Session	Fee

Registration Contact

Name: _____ Organization/Firm: _____

Email: _____ Phone: _____

Payment Information

Total Payment: _____

- Check made payable to "MSBA."
- Visa/Mastercard/AMEX

Card Number

Expiration Date

Return form and payment to:

MSBA | Attn: Pro Bono CLE
600 Nicollet Mall, #380 | Minneapolis, MN 55402
Fax: 612-333-4927

