

2026 Annual Meeting & Law Day Week

ALL INFORMATION IS DUE AT THE TIME OF REGISTRATION ... NO EXCEPTIONS

- Complete Program (programs & lunch) Until Feb. 28th ... \$85 / March 1st - March 31st ... \$95 / April 1st or After ... \$105
- Educational Programs ONLY
- New Practitioner Complete Program
- Lunch Only** Until Feb. 28th ... \$70 / March 1st - March 31st ... \$80 / April 1st or After \$90
- RESERVED TABLE of 10* Until April 1st ... \$900 / April 1st or After \$1,000

****If any individual at a reserved table is registering for education programs, please add \$20 per person, put the initials beside the program and include the email address.****

Name	Vegetarian Meal			Email Address (<u>required for program</u>)
	Vegan	Veggie	Kosher	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

PLEASE CHECK ANY EDUCATION PROGRAMS YOU WISH TO ATTEND

- Legal Ethics Committee — Monday, April 20th; 12:30 p.m. - 1:30 p.m.
- TBA — Monday, April 20th; 1:30 p.m. - 2:30 p.m.
- Criminal Law Section — Tuesday, April 21st; 12:30 p.m. - 1:30 p.m.
- TBA — Tuesday, April 21st; 1:30 p.m. - 2:30 p.m.
- TBA — Wednesday, April 22nd; 12:30 p.m. - 1:30 p.m.
- TBA — Wednesday, April 22nd; 1:30 p.m. - 2:30 p.m.

CONTACT PERSON: _____

Firm Name: _____

Address: _____

Telephone: _____

PLEASE INDICATE METHOD OF PAYMENT

TOTAL AMOUNT DUE: \$ _____ *(if paying with a credit card, there will be a 3% convenience fee included in your total)*

- Check Included: Make check payable to: Bar Association of Montgomery County, Maryland or BAMC
- Please charge my Visa/MasterCard/Discover Account *(The total charged will include a 3% convenience fee):*

Name on Card _____ Security Code _____

Account # _____ Exp. Date _____