

Payment Form



Title:

Date:

Location:

Please return this form within two days of the meeting to:

Connecticut Bar Association,
30 Bank Street, New Britain, CT 06051
or e-mail to sperrin@ctbar.org

Name _____ Phone #: _____ e-mail: _____

Address _____

Speaker Guest Dinner No Meal Judge, Public Official, or State Employee

Payment Method:

Check (*payable to Connecticut Bar Association*) Visa MC Amex Discover Amount: \$ _____

Card #: _____ Exp. Date: _____

Billing Zip Code: _____ CVV#: _____ Signature: _____

Name _____ Phone #: _____ e-mail: _____

Address _____

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