



Atlanta Bar Association
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Contact Information

GA Bar #: _____ Name: _____

Informal Name (for name tag): _____ Firm/Company: _____

Address: _____ City: _____ State: _____ ZIP: _____

Email: _____ Phone: _____ Fax: _____

This is new contact information, please update my Atlanta Bar Association record with this information.

Event Pricing

Early registration is encouraged.
[Contact us](#) to confirm membership status.

- Atlanta Bar Member/Public Service Attorney - \$50 in advance
- Atlanta Bar Member/Public Service Attorney - \$60 at door
- Non-Member - \$80

Vegetarian Meal Option

Reserved Tables

Please provide your Firm or Organization name as well as the names of the registrants assigned to your table.
[Contact us](#) for additional information.

Purchase Reserved Table of 10 - \$600

Firm/Organization: _____

Attendees Names

1	6
_____	_____
2	7
_____	_____
3.	8
_____	_____
4	9
_____	_____
5	10
_____	_____

Payment

Please complete this form and return it to the Atlanta Bar Association with your payment.

Total Amount _____

- Check made payable to Atlanta Bar Association
- Credit card

American Express Mastercard VISA Discover

Cardholder Name _____

Credit Card # _____

Exp. Date _____ CVC # _____ Billing Zip _____

Signature _____