



2008 Lawyers' Diary Order Form



Exclusively for CBA Members!

**Order Your 2008 Lawyers' Diary Loose-Leaf Fillers (directory, calendar, and information)
Only \$50...Buy the Complete Set and SAVE!**

- ❖ Listing of town clerks including address, phone numbers, and hours
- ❖ Phone numbers for Supreme, Appellate, and Superior Court judges and personnel of Connecticut courts
- ❖ Directory of CBA members
- ❖ Day calendar with 15 minute increments, legal and religious holidays
- ❖ Legal-related Web site addresses
- ❖ Assignments for Superior Court judges
- ❖ Directories of U.S. Courts, Probate Courts, workers' compensation commissioners, and selected heads of state departments, commissions, and agencies
- ❖ List of state marshals and administrative leaders
- ❖ Grievance committee members: federal, state, and local
- ❖ And much more. . .

Three Ways to Order: 1) Online at www.ctbar.org; 2) By phone at (860)223-4400; 3) By mail.

Quantity	Description	Member Price	Quantity x Price
_____	Complete Set of Looseleaf Fillers (directory, calendar, information) (08-F)	\$50	\$ _____
_____	Information Section only (08-I)	\$20	\$ _____
_____	Directory only (08-D)	\$25	\$ _____
_____	Calendar only (08-C)	\$20	\$ _____
_____	Lawyers' Diary Binder (Binder)	\$25	\$ _____

Shipping & Handling Charges

	\$1 – \$100	\$101 – \$250	\$251 – \$500	Over \$500
Order Total	\$7.50	\$10.00	\$12.00	\$20.00
Shipping Charge				

Subtotal	\$ _____
Shipping and Handling (see chart)	\$ _____
Subtotal	\$ _____
(6% CT Sales Tax) (applies to CT addresses only)	\$ _____
Total	\$ _____

Connecticut Bar Association
PO Box 350
New Britain, CT 06050-0350

Phone (860)223-4400
 Fax (860)223-4488

Shipping Information

Orders cannot ship to PO Boxes. To insure prompt delivery, use street address only (plus floor/suite number as needed). Include shipping address below if mailing label is incorrect.

Name _____
Firm/Company Name _____
Street Address (No PO boxes) _____
City _____ State _____ Zip _____

Method of Payment:



AmEx Mastercard Visa Check \$ _____

(Please make check payable to the Connecticut Bar Association)

Card Number _____
Exp. Date _____ Billing Zip Code _____
Billing Address _____
Signature _____
Person Ordering _____
Telephone _____