



# 2006 Lawyers' Diary Order Form

## Order Your Lawyers' Diary/CBA Membership Directory Today

- ❖ NEW—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, with e-mail addresses
- ❖ Day calendar with 15 minute increments, legal and religious holidays
- ❖ Selected statutes of limitations
- ❖ Table of court costs
- ❖ 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 . . .

Please return entire order form

Quantity	Description	Non-member Price	Member Price	Quantity x Price
_____	<b>Looseleaf Fillers</b> (Directory, Information Section and Calendar) (06-F)	\$50	\$30	\$ _____
_____	<b>Information Section</b> (Directory, Information Section – No Calendar) (06-I)	\$40	\$25	\$ _____
_____	<b>Binder</b> (Binder2)	\$20	\$15	\$ _____
_____	<b>Extra CBA Directories</b> (06-D)	\$36	\$15	\$ _____
_____	<b>Extra Calendars</b> (06-C)	\$10	\$5	\$ _____

### Shipping & Handling Charges

Order Total	\$1 – \$100	\$101 – \$250	\$251 – \$500	Over \$500
Shipping Charge	\$5.00	\$7.00	\$10.00	\$15.00

Subtotal	\$ _____
Shipping and Handling <small>(see chart)</small>	\$ _____
Subtotal	\$ _____
<small>(6% CT Sales Tax (applies to CT addresses only))</small>	\$ _____
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 \_\_\_\_\_

Please allow approximately 4 weeks for delivery.

### 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 \_\_\_\_\_