

# Payment Form



Title: \_\_\_\_\_

Date: \_\_\_\_\_

Location: \_\_\_\_\_

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

Connecticut Bar Association,

538 Preston Avenue 3<sup>rd</sup> fl, Meriden, CT 06450

or e-mail to [sperrin@ctbar.org](mailto: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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