

TWBA CLE REGISTRATION FORM

“Gender, Reproductive Rights, and Sexual Misconduct”: 3.0 general hours
May 23, 2019, 1:30 p.m.

(PLEASE PRINT)

Name: _____

Supreme Court Number: _____

Firm Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

E-Mail Address: _____

Cost: \$50 TWBA members. \$75 non-TWBA members.

Total Paid: \$_____

Enclosed is a check for \$_____

Payable to: Toledo Women’s Bar Association

Name on Card

Account #

Signature: _____

Expiration Date: _____