

REGISTRATION MAIL FORM or



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SIGN - UP	PROGRAMS	LOCATION	PRICE	HARD COPY MATERIALS (PRICE'S VARY)		DATE
				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	_____	_____	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
	_____	_____	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
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	_____	_____	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____



YOU'RE ALMOST DONE! JUST TELL US A LITTLE BIT ABOUT YOURSELF



FULL NAME _____ FIRM _____

ADDRESS _____ CITY _____

PHONE () _____ FAX () _____ E-MAIL _____

PLEASE LIST YOUR E-MAIL ADDRESS; IT HELPS US KEEP IN TOUCH AND GET VALUABLE OBA INFORMATION TO YOU. PLEASE INDICATE IF YOUR OBA ROSTER INFORMATION SHOULD BE CHANGED TO THE ABOVE. _____

ARE YOU AN OBA MEMBER? YES NO OBA BAR # _____

CREDIT CARD

VISA MASTERCARD AMEX DISCOVER

CREDIT CARD# _____ EXP. DATE _____ CV # _____ SIGN. _____

CHECK ENCLOSED MADE PAYABLE TO OKLAHOMA BAR ASSOCIATION

TO REGISTER BY MAIL: SEND A COPY OF [THIS PAGE](#) WITH PAYMENT TO:
OBA/CLE, P.O. BOX 53036, OKC, OK 73152

FAX THIS REGISTRATION WITH YOUR CREDIT CARD INFORMATION TO: OBA/CLE REGISTRAR, 405.416.7092
DO NOT MAIL A COPY WHEN FAXING TO AVOID DUPLICATIONS.



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