



Legal Services Attorney Request to Attend ISBA CLE Program and Supporting Documentation

Name _____ ARDC # _____

Address _____

Telephone _____ E-mail _____

Program Requested _____

Program Date _____

Date Request Submitted _____

(Must be submitted to ISBA at least 10 days prior to program)

Documentation:

1. Name and description of Legal Services entity sufficient to verify that the entity is a not-for-profit, non-governmental organization whose mission is to provide quality civil legal assistance to low income persons. (Provide web site address and/or additional information.)

2. Position held (*Please check one*): _____ Full-Time Attorney for the Legal Service Entity
_____ Part-Time Attorney for the Legal Service Entity

3. Name and Telephone number of Supervisor Verifying Your Position with the Legal Service Entity: (*Please Print*)

4. If part-time attorney, please complete:

I certify I receive no income through the practice of law, other than through the Legal Services entity named above.

Signature

ISBA will review your request and contact you regarding registration. Please submit this form via email to cleregistration@isba.org.

Payment is required to finalize registration.