

EVENT REGISTRATION FORM

Use this form only if you are paying by check. To pay by credit card, register online at www.mnbar.org.

Section or Committee:			
Event Title:			
Event Date:			
PRIMARY CONTACT			
Contact Name:		Email:	
Firm Name:		Phone:	
ATTENDEES			
Name:	Email:		Fee:
ATTENDING in person remote		DIETARY RESTRICTION Onone	vegan 🛛 vegetarian 🖓 gluten free
Name:	Email:		Fee:
ATTENDING in person remote		DIETARY RESTRICTION none	vegan 🛛 vegetarian 🗋 gluten free
Name:	Email:		Fee:
ATTENDING in person remote		DIETARY RESTRICTION One	vegan 🛛 vegetarian 🗖 gluten free
Name:	Email:		Fee:
ATTENDING in person remote		DIETARY RESTRICTION	vegan 🛛 vegetarian 🖓 gluten free
Name:	Email:		Fee:
ATTENDING in person remote		DIETARY RESTRICTION none	vegan 🗌 vegetarian 🗌 gluten free
PAYMENT			Total Due: