

CALIFORNIA LAWYER ASSOCIATION In-Person Program Submission Form

Note: This form should be used for any in-person meeting or program 4 hours or less in length.

CONTACT INFORMATION:

Section Name	
Subcommittee/Standing Committee	
Association Staff Coordinator:	
Section Volunteer Coordinator:	
Section Volunteer Email:	

PROGRAM DETAILS:

Title:	
Date:	
Start Time & End Time:	
Format: (meeting, CLE program, brown bag lunch, roundtable, etc.)	
Location Name & Address for live program:	
Will CLE be offered?	
Price:	
Short Description: <i>250 character limit including spaces</i>	
Long Description (optional): <i>No Limit, but be reasonable</i>	
Name/ Email / Bio of Moderator and Link to State Bar Profile (if applicable):	
Name of Speaker(s)/ /Email(s) /Bio(s) and Link to State Bar Profile (if applicable):	

MCLE INFORMATION:

MCLE Credit:	Hours	Hours
	General Credit	Legal Ethics
	Hours	Hours
	Elimination of Bias	Competence Issues
Legal Specialization:	Hours	Legal Specialization Area:

Send your completed form to: _____