



PUERTO RICAN BAR ASSOCIATION

NATIONAL CONFERENCE 2024

SAVE THE DATE

SEPTEMBER 26 - 28

Welcome Reception:

FAMU College of Law - Sep 26

Conference:

FAMU College of Law - Sep 27 - 28

Gala:

Marriot Orlando Downtown - Sep 28



Legal Services
CLINIC

of the Puerto Rican Community, Inc.



Conference Packages

\$500 - Conference Package 1

Package for **one** person includes:

- 1 ticket for Welcome Reception
- 1 ticket for Networking Reception
- 1 ticket for Gala Dinner
- 4 CLE Courses
- Breakfast and Lunch for Thursday and Friday

\$250 - Conference Package 2

Package for **one** person includes

- 1 ticket for Gala Dinner
- 4 CLE Courses
- Breakfast and Lunch for Thursday and Friday

Individual Tickets

Individual Tickets

- Welcome Reception – \$125.00
- Networking Reception - \$125.00
- Gala Dinner - \$150.00
- Breakfast and lunch for 1 day - \$65

Event Application Form

Name of Attendee: _____

Phone #: _____

Email: _____

Address: _____

State of License: _____

License # _____

Group or Association name: _____

Florida resident: _____ Yes _____ No

Please select one package:

___ \$500 Conference Package 1 (Welcome and Networking Receptions, CLEs,
Breakfast & Lunch, and Gala Dinner)

___ \$250 Conference Package 2 (CLEs, breakfast & lunch, and Gala Dinner)

Individual Tickets:

Amount _____ - Welcome reception - \$125

Amount _____ - Networking reception - \$125

Amount _____ - Gala Dinner - \$150

Amount _____ - Breakfast and Lunch - \$65 per day

Payments can be:

- By mail: Legal Services Clinic
518 Peachtree Rd.
Orlando, Florida 32804
- By Credit Card: Email us the attached authorization letter with information.

****Breakfast & lunch for Thursday and Friday during the CLEs****



Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Name on Card: _____

Billing Address: _____

Email address: _____

Phone Number: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

Amount to Charge: \$_____ (USD)

I authorize ***Legal Services Clinic*** to charge the amount listed above to the credit card provided herein.
I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder - Please **Sign and Date**

Signature: _____

Date: _____

Print Name: _____

Auth code:	
Date:	
Initials	