



**Course(s):** \_\_\_\_\_

**Date of Live Course (if applicable):** \_\_\_\_\_

**Registrant Name:** \_\_\_\_\_

**Registrant Email Address:** \_\_\_\_\_

**Registrant Phone Number:** \_\_\_\_\_

**Registrant Primary State Bar:** \_\_\_\_\_

**Registrant Primary State Bar ID:** \_\_\_\_\_

**Registrant Alternate State Bar (if applicable):** \_\_\_\_\_

**Registrant Alternate State Bar ID (if applicable):** \_\_\_\_\_

**Please send check payable to:**

LawPracticeCLE, LLC

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Lakewood Ranch, Florida 34212