



CALIFORNIA BOARD OF LEGAL SPECIALIZATION OF THE STATE BAR OF CALIFORNIA

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Legal Specialization Brochure Order Form

1. MAILING INFORMATION

Name: _____ Bar Number: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____ E-mail Address: _____

2. SPECIALTY AREA

<input type="checkbox"/>	Admiralty & Maritime Law
<input type="checkbox"/>	Appellate Law
<input type="checkbox"/>	Bankruptcy Law
<input type="checkbox"/>	Criminal Law
<input type="checkbox"/>	Estate Planning, Trust & Probate Law
<input type="checkbox"/>	Family Law
<input type="checkbox"/>	Franchise & Distribution Law
<input type="checkbox"/>	Immigration & Nationality Law
<input type="checkbox"/>	Legal Malpractice Law
<input type="checkbox"/>	Taxation Law
<input type="checkbox"/>	Workers' Compensation Law

3. ORDER INFORMATION

TOTAL NUMBER OF SETS (100 brochures per set)	_____
x FEE PER BROCHURE SET	_____
*SUB TOTAL	_____

Please allow 4-6 weeks for processing.

4. PAYMENT INFORMATION

**For credit card payments, a processing fee of 2.25% will be added to all charges. There is no processing fee associated with payments by check.*

CHECK

Please make checks payable to "The State Bar of California"
= TOTAL _____

CREDIT CARD*

I authorize the State Bar to charge applicable credit card processing fees

_____ + 2.25 % fee = TOTAL _____
(Sub Total)

Credit Card Number: _____
Credit Card Security Code: _____ Expiration Date (Month/Year): _____
Credit Card Type: Visa MasterCard Discover American Express
Name on Card (print legibly): _____
Signature of Card Holder: _____ Date: _____

By my signature on this document, I/we hereby authorize The State Bar of California to charge my/our Visa, MasterCard, Discover, or American Express account for the amount listed in the 'total' box above.

5. SUBMISSION INFORMATION

MAIL FORM TO: The State Bar of California Department of Legal Specialization
180 Howard Street San Francisco, CA 94105-1617

FAX FORM TO: (415)538-2180