

Legal Services Staff Attorney Discount Application

(This form must accompany any seminar registration. Please retain a copy for your records.)

I certify the following:

1. The below named applicant is a full-time legal services staff attorney or full-time paralegal.
2. The seminar has direct relevance to the applicant's legal services practice.

Director _____ Date _____

The tuition rate to be paid is one-half the rate for which the applicant would otherwise be eligible.

Are you a member of the MSBA? Yes No

Name _____ Attorney License Number _____

Organization _____

Address _____

City/State/Zip _____

Phone _____

Course Title _____

Date _____ Location _____

Total Enclosed: \$

MAIL TO:



Minnesota Continuing Legal Education
2550 University Avenue West, Suite 160-S
Saint Paul, Minnesota 55114