



REGISTRATION FORM  
CCPA CLE EVENT –

DATE OF CLE: \_\_\_\_\_

SEMINAR TITLE: \_\_\_\_\_

REGISTRANT NAME: \_\_\_\_\_

REGISTRANT EMAIL: \_\_\_\_\_

SELECT ONE:            ATTORNEY \_\_\_\_    PARALEGAL \_\_\_\_    OTHER \_\_\_\_

NON-MEMBER FEE:    **\$15.00**

CREDIT CARD NO.    \_\_\_\_\_

EXP DATE            \_\_\_\_ / \_\_\_\_

3-DIGIT CODE        \_\_\_\_\_

BILLING ZIP CODE    \_\_\_\_\_

*All payments processed through SQUARE.*

Forward this registration form to CCPA at [chescoparalegal@gmail.com](mailto:chescoparalegal@gmail.com)

*If payment by CHECK, make payable to*

**CHESTER COUNTY PARALEGAL ASSOCIATION**

**Mail to: CCPA – ATTN: CLE / PO Box 295, West Chester, PA 19381-0295**