

ULTIMATE PASS ORDER FORM

Firm/Organization _____

Contact Person Name _____

Mailing Address _____

City/State/Zip _____

Phone _____

Email _____

Ultimate Pass subscriptions are for individuals only and are non-transferable. For each Ultimate Pass subscription purchased, please include the pass holder's name and State Bar member number below.

| | State Bar Member Number | Ultimate Pass Subscriber's Name | Amount Enclosed (Member Price / Nonmember Price) |
|----|----------------------------|---------------------------------|---|
| 1 | | | <input type="checkbox"/> \$699 / <input type="checkbox"/> \$829 |
| 2 | | | <input type="checkbox"/> \$699 / <input type="checkbox"/> \$829 |
| 3 | | | <input type="checkbox"/> \$699 / <input type="checkbox"/> \$829 |
| 4 | | | <input type="checkbox"/> \$699 / <input type="checkbox"/> \$829 |
| 5 | | | <input type="checkbox"/> \$699 / <input type="checkbox"/> \$829 |
| 6 | | | <input type="checkbox"/> \$699 / <input type="checkbox"/> \$829 |
| 7 | | | <input type="checkbox"/> \$699 / <input type="checkbox"/> \$829 |
| 8 | | | <input type="checkbox"/> \$699 / <input type="checkbox"/> \$829 |
| 9 | | | <input type="checkbox"/> \$699 / <input type="checkbox"/> \$829 |
| 10 | | | <input type="checkbox"/> \$699 / <input type="checkbox"/> \$829 |

Payment:

Total Amount Enclosed: _____ \$

Check (payable to State Bar of Wisconsin)

Purchase Order # _____

MasterCard Visa American Express

Credit Card No. _____ Exp. Date _____

Authorized Signature _____

Mail to: State Bar of Wisconsin
P.O. Box 7158
Madison, WI 53707-7158

Phone: (800) 728-7788 or (608) 257-3838

Fax: (608) 257-5502

Web: www.wisbar.org/ultimatepass

Email: service@wisbar.org



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OF WISCONSIN**
Your Practice. Our Purpose.™