

2026 DISTINGUISHED SERVICE AWARDS - GROUP & NON-MEMBER EVENT REGISTRATION _____ Firm: _____ Contact Name: Phone Number: ____ Email: ____ Number of tickets: Price: Total: ___ **ATTENDEE INFORMATION** (attach additional sheet if required) **Attendee Name Choice of Entrée Dietary Restrictions** 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. **PAYMENT OPTIONS** Visa MasterCard Card Number: Expiry: Security Code: Name on Card: **Payment Options** Credit Card: **EFT Payments** Visa or MasterCard accepted Canadian Bar Association - Alberta Branch Call in or encrypted email authorization Bank of Nova Scotia Email confirmation provided when payment processed. • Bank #002, Transit #10009, Account #0545015 Notifications to payments@cba-alberta.org **Manual Cheque** To payments@cba-alberta.org Please make cheques payable to:

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