

# 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<br>Member Number | Ultimate Pass Subscriber's Name | Amount Enclosed<br>(Member Price / Nonmember Price)             |
|----|----------------------------|---------------------------------|---|
| 1  |                            |                                 | <input type="checkbox"/> \$595 / <input type="checkbox"/> \$745 |
| 2  |                            |                                 | <input type="checkbox"/> \$595 / <input type="checkbox"/> \$745 |
| 3  |                            |                                 | <input type="checkbox"/> \$595 / <input type="checkbox"/> \$745 |
| 4  |                            |                                 | <input type="checkbox"/> \$595 / <input type="checkbox"/> \$745 |
| 5  |                            |                                 | <input type="checkbox"/> \$595 / <input type="checkbox"/> \$745 |
| 6  |                            |                                 | <input type="checkbox"/> \$595 / <input type="checkbox"/> \$745 |
| 7  |                            |                                 | <input type="checkbox"/> \$595 / <input type="checkbox"/> \$745 |
| 8  |                            |                                 | <input type="checkbox"/> \$595 / <input type="checkbox"/> \$745 |
| 9  |                            |                                 | <input type="checkbox"/> \$595 / <input type="checkbox"/> \$745 |
| 10 |                            |                                 | <input type="checkbox"/> \$595 / <input type="checkbox"/> \$745 |

**Payment:****Total Amount Enclosed:** \_\_\_\_\_ \$ Check (payable to State Bar of Wisconsin) Purchase Order # \_\_\_\_\_ MasterCard    Visa    AmEx

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](http://www.wisbar.org/ultimatepass)**Email:** [service@wisbar.org](mailto:service@wisbar.org)