



Louisiana[®]
State Bar
Association

Serving the Public. Serving the Profession.

LSBA MEMBER OUTREACH & DIVERSITY DEPARTMENT

Diversity • Inclusion • Professionalism

Annual Conclave on Diversity in the Legal Profession ATTORNEY REGISTRATION

Bar Roll Number _____

Prefix (Judge/Ms./Mr./etc) _____ First Name for Badge _____

Name _____

Firm/Company _____

Address _____

City/State/Zip _____

Office Phone _____

Email Address _____

Are you a hiring or managing partner or officer in your organization? ☐ Yes ☐ No

Have you attended any previous conclave(s)? ☐ Yes ☐ No If so, which years? _____

Please describe your office: _____

(Example: government agency, in-house counsel, firm 10-20 attorneys, solo practitioner, etc.)

☐ Early Registration \$ _____ (Early Registration Deadline _____)

☐ Regular Registration \$ _____ (Regular Registration Deadline _____)

Registration by credit card: register and pay by credit card (Visa/MC/Discover), visit our website, www.lsba.org/CLE

Registration by check: Make check payable to Louisiana State Bar Association.

Payment Amount _____ Check Number _____

☐ Check here and contact diversity@lsba.org if you have a disability, dietary restrictions or a food allergy which may require special accommodations at this conference. The LSBA is committed to ensuring full accessibility for all registrants.

☐ Check here if you wish to attend the Excellence in Diversity Reception, 8:00 a.m. – 8:45 a.m.

☐ Check here if you wish to attend the Luncheon.

If attending Luncheon, please select entrée: ☐ Chicken ☐ Fish ☐ Vegetarian

Please complete this form and return with payment (make check payable to “Louisiana State Bar Association”) to:

Department of Member Outreach and Diversity
Louisiana State Bar Association
601 St. Charles Ave.
New Orleans, LA 70130-3404

Questions? Email: diversity@lsba.org • (504)619-0115



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OUT-OF- STATE ATTORNEY REGISTRATION

Bar Roll Number _____

Prefix (Judge/Ms./Mr./etc) _____ First Name for Badge _____

Name _____

Firm /Company _____

Address _____

City/State/Zip _____

Office Phone _____

Email Address _____

Are you a hiring or managing partner or officer in your organization? ☐ Yes ☐ No

Have you attended any previous conclave(s)? ☐ Yes ☐ No If so, which years? _____

Please describe your office: _____

(Example: government agency, in-house counsel, firm 10-20 attorneys, solo practitioner, etc.)

☐ Early Registration \$ 110 (Early Registration Deadline Before July 10, 2026)

☐ Regular Registration \$ 135 (Regular Registration Deadline After July 10, 2026)

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