



**MCB Luncheon Series Registration Form**

*\*Please fill out the month of the luncheon for which you are registering\**  
Cost is \$10/person

Month \_\_\_\_\_

Name \_\_\_\_\_

Firm name \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

I'm enclosing a check payable to Mecklenburg County Bar TOTALING \_\_\_\_\_

Please mail your registration form and check before the registration deadline  
to MCB Luncheon Series, 438 Queens Road, Charlotte, NC 28207.