



COLUMBUS BAR SERVICES, INC.

Memo to: **LAW FIRM ADMINISTRATORS and SOLO PRACTITIONERS**

Re: **2012 Columbus Bar Directory** -
Firm listing for the printed and online directories

Contact: Marcia Smith, 614/340.2051, Marcia@cbalaw.org

Survey results have shown us that your fellow attorneys and potential clients use the Columbus Bar Directory's firm listings and fields of practice listings as a referral guide. Increase the number of phone calls you receive this year and list your firm in the 2012 Directory - printed and online - for one price.

\$125 is all it takes to list your firm with name, address, phone, fax, website, and a description of your practice. A firm roster can be included for only \$12 per attorney name and sole practitioners pay no additional fee. (Please note that your firm's roster can appear in any order you prefer in the printed directory, but can only appear in alphabetical order online.)

We hope you will consider making this investment in your firm. The Columbus Bar Association Directory is a widely used resource in the legal community, and we want your name on our pages!

Please submit your form with payment (Visa, MasterCard or check) by **October 31, 2011**.

Columbus Bar Association **DIRECTORY 2012 *Law Firm Listing***

Complete and return to the CBA with payment (check to **Columbus Bar Services, Inc.** or credit card information below) by October 31. Please type the information as it is to be listed in the **2012 Columbus Bar Directory**

Name of Firm _____

Address _____

City State Zip _____

Telephone _____ fax _____ Home Page address (Internet) _____

Description of firm/services:

Lawyers to be listed under firm name (to be published in the sequence submitted.) Add phone numbers for individuals, if desired. Attach new page if necessary.

Cost for firm listing is \$125 for the title insertion (firm name/address/phone/fax/e/description of services); plus \$12 for each attorney name entered on the roster

Make checks payable to Columbus Bar Services, Inc.

This information submitted by (contact person) Phone

Credit Card: _____

Cardholder name VISA/ MasterCard/ American Express Expiration Date

Signature _____

**Return to: Columbus Bar Services
175 S. Third Street, Ste.1100
Columbus, OH 43215**