

Disciplinary Board Reporter Order Form

Disciplinary Board Reporter

This publication series contains final decisions of the Oregon State Bar Disciplinary Board, which are final if the charges are dismissed, a public reprimand is imposed, or the accused is suspended for up to 60 days, and neither the bar nor the accused have sought review by the Oregon Supreme Court.

Volume 1 contains decisions from January 1, 1984 to December 31, 1987 and each volume thereafter contains decisions for that calendar year (Vol 2, 1988; Vol 3, 1989; etc.)

Copy this page and use it to order any of these publications

Quantity	Inv.#	Description	Unit Price	Total
_____	060.01	Disc. Board Reporter, Vol.1	\$15.00 (84-87)	_____
_____	060.02	Disc. Board Reporter, Vol.2	\$15.00 (88)	_____
_____	060.03	Disc. Board Reporter, Vol.3	\$15.00 (89)	_____
_____	060.04	Disc. Board Reporter, Vol.4	\$15.00 (90)	_____
_____	060.05	Disc. Board Reporter, Vol.5	\$15.00 (91)	_____
_____	060.06	Disc. Board Reporter, Vol.6	\$15.00 (92)	_____
_____	060.07	Disc. Board Reporter, Vol.7	\$15.00 (93)	_____
_____	060.08	Disc. Board Reporter, Vol.8	\$15.00 (94)	_____
_____	060.09	Disc. Board Reporter, Vol.9	\$15.00 (95)	_____
_____	060.10	Disc. Board Reporter, Vol.10	\$15.00 (96)	_____
_____	060.11	Disc. Board Reporter, Vol.11	\$15.00 (97)	_____
_____	060.12	Disc. Board Reporter, Vol.12	\$15.00 (98)	_____
_____	060.13	Disc. Board Reporter, Vol.13	\$15.00 (99)	_____
_____	060.14	Disc. Board Reporter, Vol.14	\$15.00 (00)	_____
_____	060.15	Disc. Board Reporter, Vol.15	\$15.00 (01)	_____
_____	060.16	Disc. Board Reporter, Vol.16	\$15.00 (02)	_____
_____	060.17	Disc. Board Reporter, Vol.17	\$15.00 (03)	_____
_____	060.18	Disc. Board Reporter, Vol.18	\$15.00 (04)	_____
_____	060.KT	Disc. Board Reporter, Vols.1-18	\$270.00 (84-04)	_____
		Add shipping/handling fee (35-4505)		\$5.00

TOTAL DUE

Name _____ OSB Member# _____

Firm/Company Name _____ Phone _____

Street Address (necessary for UPS shipment) _____

Credit Card Billing Address _____

City/State/Zip _____

Check or money order enclosed payable to **Oregon State Bar.**

Please bill (minimum \$25 order): Customer Acct. # _____

Credit Card # (Visa or Mastercard only) _____

Expiration Date _____

Name on Credit Card (please print) _____

Billing Address _____

City, State, Zip _____

Authorized Signature _____

Send to: Oregon State Bar Order Desk, 16037 SW Upper Boones Ferry Rd, P.O. Box 231935, Tigard, OR 97281-1935