

NEW YORK STATE BAR ASSOCIATION

MEETING REGISTRATION FORM

Or go to www.nysba.org/ELDFA15 to register online.

Name _____

Firm _____

Address _____

City/State/Zip _____

E-mail Address _____

Phone (_____) _____ Fax (_____) _____

PERSONAL INFORMATION

Spouse/Guest Name _____

REGISTRATION FEES

- | | |
|---|----------|
| ☐ NYSBA and Section Member: | \$375.00 |
| ☐ NYSBA Member: | \$475.00 |
| ☐ NON-NYSBA Member: | \$600.00 |
| ☐ *Newly-Admitted (5 years or less): | \$250.00 |
| ☐ **First Time Attendee: | \$250.00 |
| ☐ Guest fee for reception/dinner: | \$150.00 |
| ☐ Guest fee for lunch: | \$35.00 |

** Newly-Admitted attorneys are not required to be a Section member to receive preferred rate.*

***Elder Law and Special Needs Section members who have not attended a Summer or Fall Section meeting since 2005.*

☐ **Special Discount:** 20% off each successive section member of a single firm who attends. First attorney registration is full price, additional registrations will receive the 20% discount on attorney registration fee.

I/We plan to attend the cocktail reception and dinner at the National Museum of Racing and Hall of Fame

Thursday, October 22 _____ (No. attending)

I/We plan to attend the luncheon

Friday, October 23 _____ (No. attending)

PAYMENT INFORMATION

☐ Check or money order enclosed in the amount of \$ _____
(Make checks payable to New York State Bar Association.)

☐ Charge \$ _____ to ☐ American Express ☐ Discover

☐ MasterCard ☐ Visa Expiration _____

Card Number _____

Authorized Signature _____

Elder Law and Special Needs Section Fall Meeting

October 22 - 23, 2015

The Gideon Putnam Resort
Saratoga Springs, New York

➤ Please note any address corrections on the left.

☐ **DIETARY NEEDS** _____

Reserve your own hotel accommodations.

Please call 866-746-1077 and reference the group code **9N60TU** to receive the preferred rate of \$155/night plus applicable taxes. The hotel cut-off date is September 21st. Reservations will fill quickly. Availability of rooms is not guaranteed up to the cut-off date.

Attorney Registration

Fee includes:

Thursday's MCLE Program, Thursday Evening's Cocktail Reception and Dinner, Friday's MCLE Program and Lunch.

Cancellation Notice:

Notice of cancellation must be received by October 12, 2015 in order to obtain a refund for registration fees.

Fax or mail this form with registration fee(s) to:

Kathleen Heider
Director of Meetings
New York State Bar Association
One Elk Street
Albany, New York 12207
Phone: 518.487.5500
Fax: 518.463.5993

