NEW YORK STATE BAR ASSOCIATION

MEETING REGISTRATION FORM

Name _____

Company/Law Firm _____

Address _____

Country _____

City _____ State _____ Zip _____

E-mail Address _____

Phone ( ) _____ Fax ( ) _____

First Time Attendee ❑

ACTIVITIES:

Please check the functions you plan to attend:

Thursday, March 7, 2013

____ Executive Committee Meeting – 4:00 p.m. - 6:00 p.m.
This event is open to Executive Committee members only

____ Dinner (optional) - 7:00 p.m. - 9:00 p.m. **$80.00 USD**
Piazza dei Mercanti, 2 - Milano

Friday, March 8, 2013

____ I will require transportation from Milano to Bergamo in the a.m.
____ Morning Educational Program – 9:00 a.m. - 12:30 p.m.
____ Luncheon – 12:30 p.m. - 2:00 p.m.
____ Afternoon Educational Program – 2:00 p.m. - 6:30 p.m.
____ Dinner (optional) - 7:00 p.m. - 9 :00 p.m. **$80.00 USD**
Ristorante Da Mimmo, Via B. Colleoni, 17 - Bergamo
____ I will require transportation from Bergamo to Milano after the dinner

The educational portion of the program, morning refreshments, transportation and luncheon at the Universita degli Studi di Bergamo are all complimentary, thanks to the generosity of our sponsors.

We recommend the **following hotels** as most conveniently located to the meetings. Please note that attendees must make their own reservations directly with the hotel.

Milan:

Westin Palace	www.westinpalacemilan.it	
NH Milano Touring	www.nh-hotels.it	
Mercure	www.accorhotels.com	Mercure Milano Centro
Bristol	www.hotelbristolmil.it	
Ibis Milano Centro	www.accorhotels.com	Ibis Milano Centro
Hotel Cristallo	www.hotelcristallomilan.com	

Bergamo:

Hotel Excelsior San Marco www.hotelsanmarco.com/

International Section

Milano Regional Meeting

March 7-8, 2013

Milano - Università degli Studi di Bergamo
Milan, Italy

PAYMENT INFORMATION:

Payment for registration fees will be accepted by credit card only. Please include the name and address of the credit card holder if it is different from the registered attorney.

❑ Charge $ _____ to:

❑ American Express ❑ MasterCard ❑ Visa

Expiration date _____

Card number: _____

Authorized Signature _____

Cardholder _____

Company _____

Address _____

City _____

Country _____

State _____ Zip _____

Email, fax or mail this form to:

Tiffany Bardwell
Section Liaison and Meetings Coordinator
New York State Bar Association
One Elk Street, Albany, New York 12207
Phone: 518-487-5675 Fax: 518-487-5675
Email: tbardwell@nysba.org

ILPSP13

NYSBA