NEW YORK STATE BAR ASSOCIATION
ELDER LAW SECTION / HEALTH LAW SECTION
2013 MITCHELL RABBINO
NATIONAL HEALTHCARE DECISIONS DAY
RESPONSE FORM

YES! We would like to hold a HEALTHCARE DECISIONS DAY program at our facility. We understand that, in order to make this a successful event for our attendees, we must proactively aid in publicizing and promoting the program and that the NYSBA will provide the speaker, materials, promotional information and other logistical information as needed, in a timely fashion.

____ We would like to have the program on **Tuesday, April 16, 2013** at _____ AM/PM. Please assign a speaker to come to our facility at that time.

OR

____ We would prefer our program after April 16. Please arrange for a speaker to come to our facility on _____ at _____ AM/PM.

OR

____ We have made arrangements for a speaker to come to our facility on _____ at _____ AM/PM

Please list attorney name, firm and telephone _____

_____

____ We would prefer the same speaker we had previously. Please list attorney name and/or firm _____

1. Facility Name _____

   Facility Address _____

   _____

2. Name of Project Coordinator: (who will ***proactively*** handle publicity for the program, receive materials for handouts, and assist the assigned speaker with details).

   _____

3. Telephone _____ Fax _____

   Email _____

Over

4. Approximate number of attendees you expect will attend _____.

5. Ethnic background of majority of attendees at your facility _____.

6. If the speaker **MUST** be fluent in a foreign language*, please indicate which language.

_____

***Please note we may not have foreign language speaking volunteers in your area**.

7. Does an attorney come to your facility to provide pro bono legal assistance, elder law clinics, or paid legal services? YES _____ NO _____

If yes, name of attorney _____.

8. If a NYSBA Mitchell Rabbino National Healthcare Decisions Day program was held within the past two years at your facility, will the majority of participants be repeat attendees?

YES _____ NO _____

9. Other information that will help us plan a successful program for your facility:

_____

_____

_____

MAIL or FAX this form by 3/18/13 to:

Kathleen E. Plog
New York State Bar Association
One Elk Street, Albany, NY 12207
Telephone: 518/487-5681
FAX: 518/487-5681 or 518/487-5694

Thank you for your interest in participating in the 2013 Mitchell Rabbino National Healthcare Decisions Day Program. Together, through our concerted efforts, we can bring much needed information and assistance to the citizens of New York. We look forward to hearing from you soon.

Please note that while we will do everything in our power to ensure a Program at your facility, submission of this form does not guarantee the event. Please wait for confirmation that a speaker has been assigned to your site before advertising the event.

*** We will do our best to find an attorney that meets your language needs. However, we do not usually get many bilingual volunteers.**