Trusts & Estates and Elder Law & Special Needs JOINT FALL MEETING

October 24-25, 2019 | The Gideon Putnam Hotel, Saratoga Springs, NY

Name_____ Email _____

Firm _____

Address _____

City_____State_____Zip _____

Phone _____ Fax _____

Spouse/Guest Name_____

REGISTRATION FEES

☐ NYSBA Elder Law & Special Needs Section Member:	$350.00
☐ NYSBA Member - Newly Admitted (5 years or less)*:	$250.00
☐ NYSBA ELSN Section Member First Time Attendee**:	$250.00
☐ Other NYSBA Members:	$400.00
☐ Non-NYSBA Member Attorneys:	$450.00
☐ Spouse/Guest:	$200.00
☐ Commuter Rate (MCLE Program only):	$200.00

**Newly-Admitted attorneys are not required to be a Section member to receive preferred rate.*
***Trust & Estates and/or Elder Law and Special Needs Section members who have not attended a Summer or Fall Section meeting since 2008.*

Attorney Registration Fee includes:
Thursday & Friday MCLE Programming and associated costs, Thursday Canfield Casino Cocktail Reception, Dinner and Entertainment, Friday Continental Breakfast, MCLE meeting coffee and breaks, and lunch.

Spouse/Guest Registration Fee includes:
Thursday Canfield Casino Cocktail Reception and Dinner, Friday Continental Breakfast.

SOCIAL EVENTS/ACTIVITIES

☐ I/We plan to attend the Canfield Casino Cocktail Reception/Dinner Thursday, October 24 _____ (No. attending)

☐ DIETARY NEEDS _____

☐ Tour of Saratoga Battlefield w/ James Kaplan
Friday, October 25 (No charge, but RSVP required.)

www.nysba.org/ELSNTRUSTSFALL19/

BOOK YOUR OWN HOTEL ACCOMMODATIONS

Call 866-746-1077 by SEPTEMBER 30th and mention group #9NC8H5 Elder Law and Trusts & Estates Fall Mtg. to receive our preferred rate of $175/night plus taxes. Reservations will fill quickly. Availability of rooms is not guaranteed up to the cut-off date.

Registration Cancellation:
Notice of cancellation must be received by **October 15th** in order to obtain a refund of registration fees.

PAYMENT INFORMATION

☐ Check or Money order enclosed.(Make checks payable to New YorkState Bar Association)
☐ Charge $_____ to:
- ☐ American Express
- ☐ Discover
- ☐ MasterCard
- ☐ Visa

Card number:_____

Expiration date: _____

Authorized Signature:

_____

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

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