

NEW YORK STATE BAR ASSOCIATION

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 #9NC845 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 York State 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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