

NEW YORK STATE BAR ASSOCIATION

MEETING REGISTRATION FORM

Name(s) _____

Firm _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

Email _____

First Time Attendee ☐

Going Green: Please note that the CLE Coursebook will be distributed electronically in advance. An abbreviated notepad will be available on site for each attendee.

PERSONAL INFORMATION

E-mail Address _____

Phone (_____) _____ Fax (_____) _____

REGISTRATION FEES

NYSBA Member and Health Law or
Antitrust Section Member: \$195.00 _____

Non Health Law or Antitrust
Section Member: \$295.00 _____

Members Admitted Under Five Years: \$95.00 _____
(Non Members Contact the State Bar Service Center
at (800) 582-2452 to join NYSBA or register)

Law Student Rate: \$50.00 _____

(Registration Fee includes continental breakfast, luncheon, cocktail reception,
favors, programming and costs associated with program materials.)

PAYMENT INFORMATION

☐ Check or money order enclosed. (Make checks payable to
New York State Bar Association)

☐ Charge \$ _____ to ☐ American Express

☐ Discover ☐ MasterCard ☐ Visa

Expiration date _____

Card number: _____

Authorized Signature _____

Health Law Section Fall Meeting

October 24, 2014

Health Care Delivery System
and Payment Reform in New
York State

State Bar Center
One Elk Street
Albany



Please note any address corrections
on the left.

Registration fee includes:

Continental breakfast, coffee breaks,
cocktail reception, luncheon, favors,
programming and costs associated
with program materials.

Cancellation Notice:

Notice of cancellation must be
received by **October 17, 2014**
in order to obtain a refund for
registration fees.

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

Department of Section Services
One Elk Street
Albany, New York 12207
Phone: 518-487-5682
Fax: 518-463-5993
Attn: Amy Jasiewicz

