NEW YORK STATE BAR ASSOCIATION

MEETING REGISTRATION FORM

PERSONAL INFORMATION

Name(s)_____

_____

Firm _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____)_____

Email _____

First Time Attendee ❑

FEES

Health Law Section Member Fee: $195.00 _____

Non-Section or Non-NYBSA Member Fee: $295.00 _____

Attorneys Admitted Less Than Five Years: $95.00 _____

(Registration Fee Includes breakfast, coffee breaks, luncheon, 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

September 12, 2014

The Yale Club of New York City
50 Vanderbilt Avenue
New York City

Please note any address corrections on the left.

Registration fee includes:

Breakfast, coffee breaks, luncheon, favors, programming and costs associated with program materials.

Cancellation Notice:

Notice of cancellation must be received by **September 5, 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