NEW YORK STATE BAR ASSOCIATION **MEETING REGISTRATION FORM Intellectual Property Law Section** Name of Attorney ___ Fall Meeting Nickname/Attorney ___ October 17 - 20, 2013 The Sagamore Name of Spouse or Guest _____ **Bolton Landing, NY** Nickname/Spouse/Guest Names & Ages of Children_____ Please note any address corrections on the left. Firm/Affilliation **Attorney Registration fees** include: Friday lunch & Saturday attorney only lunch, Friday cocktail reception & after dinner drinks, Saturday Cocktail Boat Cruise and Casino Night, all coffee Phone _____ Fax _____ breaks, favors, costs associated with programming and program E-mail address materials. Attorneys attending MCLE sessons **FEES** must pay the Attorney Registration **Section Member Registration fee:** \$300.00 per attorney Spouse/Guest Registration fees Non-Section Member Registration fee: include: Friday lunch, cocktail \$400.00 per attorney reception & after dinner drinks, Spouse/Guest Registration fee: Saturday Cocktail Boat Cruise and \$200.00 per spouse/guest Casino Night. Are You A First Time Attendee? **Cancellation Notice: ACTIVITIES** To receive a refund, notice of **IMPORTANT INFORMATION:** cancellation must be received on, or Registrants, Spouse/Guests and Families staying at the hotel are before, Thursday, October 3, 2013. expected to attend the private group dinner events. If you choose to eat dinner at any of the hotel restaurants on your own, you will be Return this form with charged ala carte for food and will not be rebated money from the meal registration fee(s) to: Catheryn Teeter Friday Morning Fun Run Meetings Representative Name(s) New York State Bar Association **Friday Luncheon** One Elk Street ____ Number of registered adults/children attending Albany, New York 12207 Telephone: 518-487-5573 Friday Cocktail Reception and Dinner __ Number of registered adults attending Fax: 518-463-5993 Preferred entree: Fish Beef PAYMENT INFORMATION **Saturday Attorney Luncheon** _ Number of registered attorneys attending Check or money order enclosed in the Saturday Cocktail Cruise on the Morgan amount of \$ ___ ___ Number of registered adults/children attending (Please make checks payable to the New York State Bar Association.) **Saturday Dinner** Number of registered adults/children attending ☐ Charge \$_____to Attorneys and Guests NOT staying at the Sagamore, must purchase ☐ American Express ☐ Visa tickets for dinner if they wish to attend at \$86.00 per person per dinner. Please include payment with registration fees. □ Discover □ MasterCard The following rates apply to Children's Dinner Pricing each night: Expiration date ____ \$15 per dinner per night per child age 1 - 5 \$25 per dinner per night per child age 6 - 12 Card number:___ \$50 per dinner per night per young adult age 13 - 18 Children in diapers are **NOT** allowed to attend children's dinner on Friday. Please include payment with registration fees.

Name of Child(ren):

Thursday Friday_ Saturday _

of Children attending

Ages

Authorized Signature

