NEW YORK STATE BAR ASSOCIATION

MEETING REGISTRATION FORM

Name _____

Firm _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

Email _____ ID# _____

PERSONAL INFORMATION

Spouse/Guest _____

Attorney Nickname _____

ACTIVITIES

- ❑ **ATTORNEY REGISTRATION FEE:** **$150.00**
- ❑ **ATTORNEY DINNER FEE:** **$80.00**
- ❑ **GUEST DINNER FEE:** **$80.00**

PLEASE NOTE ANY DIETARY NEEDS FOR THURSDAY DINNER:

_____

PLEASE CHECK HERE IF INTERESTED IN BEING A FACILITATOR _____
TOPIC you would be interested in facilitating:

_____

VERY IMPORTANT!!!

Please list below five topics you would like to discuss at the *UN*Program. These topics do not need to be included in the list of possible topics in the brochure. We want to hear what YOU want to discuss!

1 _____

2 _____

3 _____

4 _____

5 _____

PAYMENT INFORMATION

❑ Check or money order enclosed in the amount of $ _____
(Make checks payable to New York State Bar Association)

❑ Charge $ _____ to ❑ American Express ❑ Discover

❑ MasterCard ❑ Visa Expiration Date _____

Card Number _____

Authorized Signature _____

Elder Law Section

*UN*Program —
March 20-21, 2014

Hampton Inn & Suites
Poughkeepsie

Registration fee includes:

Thursday's and Friday's programming, Thursday's boxed lunch

Thursday's dinner is NOT included. Please register accordingly.

Cancellation Notice:

Notice of cancellation must be received by **March 10th, 2014** in order to obtain a refund for registration fees.

Please refrain from faxing and mailing as this can result in double billing.

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

Adriana Favreau
Meetings Representative
New York State Bar Association
One Elk Street
Albany, New York 12207
Phone: 518.487.5630
Fax: 518.463.5993