

MEETING REGISTRATION FORM

Attorney Name _____

Firm/Affiliation _____

Address _____

Phone _____ Fax _____

E-mail address _____

PERSONAL INFORMATION

Nickname/Attorney _____

Name of spouse or guest _____

Nickname/Spouse/Guest _____

Name of child(ren), please include ages _____

REGISTRATION FEES*Check Here if you are a First Time Attendee* ☐**Tax Section Member Attorney registration fee:**

\$575.00 per attorney \$ _____

Non-Section Member Attorney registration fee:

\$700.00 per attorney \$ _____

Tax Section Attorneys admitted 2009 or later:

Fee waived* \$ _____

Spouse/Guest/Child ages 12+ registration fee:

\$445.00 per spouse/guest/child \$ _____

**Credit card information must be included on this form in case of cancellation. Card will not be charged unless this registration is cancelled less than ten days prior to the start of the meeting. If this occurs, you will be billed the member attorney registration fee.*

ACTIVITIES**Friday Reception and Dinner**

____ Yes, registered attorney will attend

____ Yes, registered spouse/guest/child will attend

Entree choices (please note each attendee's preference):

____ Beef ____ Fish ____ Vegetarian

Saturday Registered Attorney Luncheon and CLE Program

____ Yes, registered attorney will attend (ticketed event)

Optional Saturday Boat Cruise on the Schooner Madeleine

Number attending ____ X \$40 per person = ____ Total to be charged

Saturday Reception and Dinner at Marble House

____ Yes, registered attorney will attend

____ Yes, registered spouse/guest/child will attend

Entree choices (please note each attendee's preference):

____ Beef ____ Fish ____ Vegetarian

☐ Please send me information on the Sunday Afternoon Touro Synagogue Tour. Email info. to: _____

Tax Section

Summer Meeting —
June 6 - 8, 2014

The Hotel Viking
1 Bellevue Avenue
Newport, Rhode Island

➤ Please note any address
corrections on the left.

Attorney Registration fees include:

Programming and associated costs, coffee breaks, Friday & Saturday receptions and dinners including Marble House and Saturday attorney lunch (you must preregister for this.)

To receive MCLE credit, attorneys must pay the attorney registration fee.

Cancellation Notice:

Notice of cancellation must be received on or before **May 20, 2014** in order to obtain a refund of fees.

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

Please return this form with appropriate fee(s) to:

Cathryn S. Teeter
Meetings Representative
New York State Bar Association
One Elk Street
Albany, New York 12207
Telephone: 518.487.5573
Fax: 518.463.5993
Email: cteeter@nysba.org

PAYMENT INFORMATION

Check or money order enclosed in the amount of \$ _____

(Please make checks payable to the
New York State Bar Association.)

☐ Charge \$ _____ to ☐ American Express

☐ Discover ☐ MasterCard ☐ Visa

Expiration date _____

Card number: _____

Authorized Signature

