NEW YORK STATE BAR ASSOCIATION

MEETING REGISTRATION FORM

Name of Attorney
Nickname/Attorney
Name of Spouse or Guest
Nickname/Spouse/Guest
Names & Ages of Children
Firm/Affilliation
Address:
Phone

E-mail address

REGISTRATION FEES

e: \$
ee: \$
\$
: \$
*: \$
\$

* 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 Cocktail Reception and Dinner - *Indicate Number* of *Registered Overnight Hotel Guests Attending**

- _____ Yes, registered attorney will attend
- _____ Yes, registered spouse/guest/child(ren) will attend

Saturday State and Local Tax Committees Breakfast _____ Yes, registered attorney will attend

Saturday Lunch

- _____ Main Dining Room
- _____ Outside at Grannery
- _____ Box lunch(es)

Saturday Afternoon FDR House & Library Hyde Park Tour Transportation Provided. Tour Departs at 1:15 pm sharp.

Number adults/children over 12 attending _____ X \$25 per person =

Number children 12 & under attending _____ X \$15 per person = ____

Saturday Reception and Dinner - Indicate Number Registered Overnight Hotel Guests Attending.*

- _____ Yes, registered attorney will attend
- _____ Yes, registered spouse/guest/child will attend

Sunday Executive Committee Breakfast Meeting

_____ Yes, registered Executive Committee member will attend

* Registrants not staying at Mohonk may purchase Dinner tickets to attend at \$90 per person, per night. Call 518-487-5573 for information.

Tax Section Summer Meeting

July 15 – 17, 2016 Mohonk Mountain House, New Paltz, NY

Please note any address corrections on the left.

Attorney Registration fees include:

Programming and associated costs, coffee breaks, Friday & Saturday receptions. *If you are not staying at the hotel, dinner tickets may be purchased separately in addition to the registration fees. Call 518-487-5573 to purchase.*

Attorneys attending MCLE sessons must pay the Attorney Registration Fee.

Cancellation Notice:

To receive a refund, notice of cancellation must be received on, or before, **Thursday, June 27, 2016.**

Return this form with registration fee(s) to:

Catheryn 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 □ Visa
Discover □ MasterCard

Expiration date _____

Card number:

Authorized Signature

