

NEW YORK STATE BAR ASSOCIATION

ANNUAL MEETING 2017
TABLE RESERVATION FORM
TABLE SEATS 10 PEOPLE / COST: \$700.00 PER TABLE

FAMILY LAW SECTION
RECEPTION AND LUNCHEON
Thursday, January 26, 2017
12:00 p.m. - 2:00 p.m.
New York Hilton Midtown
1335 Avenue of the Americas

NAME (PLEASE PRINT)

TELEPHONE NO.

FIRM NAME AS IT SHOULD APPEAR ON TABLE SIGN

FACSIMILE NO.

STREET

CITY

ZIP

E-MAIL ADDRESS

NUMBER OF TABLES

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

Card number: _____ Exp. date: _____

Please return to:
Catheryn Teeter, New York State Bar Association,
One Elk Street, Albany, NY 12207
fax: 518.463.5993 or e-mail at cteeter@nysba.org.

Refunds will not be issued unless notice of cancellation is received *before* January 13, 2017.

PLEASE REMEMBER:

WE WILL NOT BE MAILING INDIVIDUAL TICKETS.
PLEASE INFORM YOUR GUESTS TO IDENTIFY THEMSELVES BY
PROVIDING THE FIRM NAME. ASSIGNED TABLE NUMBERS WILL
BE AVAILABLE ONSITE AND IDENTIFIED BY FIRM NAME.

