NEW YORK STATE BAR ASSOCIATION

Trusts & Estates

MEETING REGISTRATION FORM

PERSONAL INFORMATION Name of Attorney Nickname/Attorney		Law Section Spring Meeting
Name of spouse or guest		The JW Marriott,
Names & Ages of Children		614 Canal St., New Orleans
Firm/Affilliation		Please note any address corrections on the left.
Address		on the left.
Phone E-mail address		Attorney registration fee includes: Programming and associated costs,
REGISTRATION FEES		continental breakfasts each morning, coffee breaks, Thursday reception, Friday
Are You A First Time Attendee? If so, please check box		and Saturday receptions and dinners. To receive MCLE credit, attorneys must pay
NYSBA T & E Section Member: First Time Attendee, T & E Section Member Non-Section Member: NYSBA Newly Admitted Member (2 Years of Spouse/Guests (18 & over): Children 13 -17 years of age: Children 12 years of age and under	\$950.00 or less): \$550.00 \$550.00	the attorney registration fee. Spouse/ Guest Fees cover all of the above except MCLE Programming. Guests must be registered to attend events and food functions. Please sign up for additional activities on this form and include any respective fees along with your
OPTIONAL CLE - BREAKFAST WITH THE SURROGATES: \$50 per person, Friday, May 12, 8:00 a.m., Number Attending		registration fees. DIETARY NEEDS:
THURSDAY WELCOME RECEPTION – 6:00 p.m. at Hotel Registered Number attending:		RESERVE YOUR HOTEL ROOM ONLINE BEFORE APRIL 19 th AT: https://aws.passkey.com/go/nybarassoc Rates: Single/Double \$299 plus taxes/\$2 per night occupancy tax for duration of event. CANCELLATION NOTICE: Notice of cancellation must be received by April 24, 2017 in order to obtain refund of registration fees. Please return this form with appropriate fee(s) to: Catheryn S. Teeter Meetings Representative New York State Bar Association One Elk Street Albany, New York 12207 Telephone: 518.487.5573 Fax: 518.463.5993 cteeter@nysba.org
FRIDAY RECEPTION & DINNER AT BRENNAN'S – 417 Royal St. Reception on the Patio at 7:30 p.m. followed by dinner. Meet at Restaurant. Registered Number attending: Entree and Dessert Selections (Select One Option for Each Person) ENTREES: Fish Beef Vegetarian		PAYMENT INFORMATION Check or money order enclosed in the amoun of \$ (Please make checks payable to the New York State Bar Association.)
DESSERTS: Bananas Foster Praline Br	-	,
SATURDAY GUIDED CEMETERY/FRENCH QTR. TOUR – 1:30 p.m. Departs from Hotel. Please include fee(s). \$25 per person. For Ages 21 and Over.		☐ Charge \$ to ☐ American Express☐ Discover☐ MasterCard☐ Visa☐ Expiration date
Registered Adults a	ttending:	Card number:
SATURDAY NIGHT RECEPTION/DINNER, CAJUN BALLROOM AT AUDUBON NATURE INSTITUTE – 6500 Magazine St., 7 p.m. Buses depart hotel starting at 6:15 pm. Registered Number attending:		Authorized Signature ®

We will require transportation: _____ Will not require transportation: _____