

NEW YORK STATE BAR ASSOCIATION

MEETING REGISTRATION FORM

PERSONAL INFORMATION

Name of Attorney _____

Nickname/Attorney _____

Name of spouse or guest _____

Names & Ages of Children _____

Firm/Affiliation _____

Address _____

Phone _____ Fax _____

E-mail address _____

REGISTRATION FEES

Are You A First Time Attendee? If so, please check box ☐

NYSBA Trial Section Member registration fee:
\$550.00 per attorney \$ _____

Non-Section Member Attorney registration fee:
\$700.00 per attorney \$ _____

Spouse/Guests (17 & over) registration fee:
\$375.00 per spouse/guest \$ _____

Children, Ages 12 to 16 registration fee:
\$200.00 per child \$ _____

Children, Ages 8 to 11 registration fee:
\$100.00 per child \$ _____

Children, Ages 5 to 7 registration fee:
\$50.00 per child \$ _____

ACTIVITIES

SUNDAY WELCOME RECEPTION

I / We plan to attend the Reception at 6:30 p.m.

Registered Number attending: _____

MONDAY RECEPTION & DINNER

I / We plan to attend the Reception and Dinner at 7:00 p.m.

Registered Number attending: _____

Preferred Entree/Number: Fish _____ Beef _____ Vegetarian _____

TUESDAY GOLF AT WEST COURSE – Box Lunch/Greens and Cart Fees included in rates. Cancellations must be received by **July 15th** to receive a refund of golf fees. **Please include fee(s) with form.**

I / We plan to play **Golf on Tuesday** at 1:00 p.m.

Fees: **\$170.00 per person per round.**

Player: _____ Handicap(s): _____

Player: _____ Handicap(s): _____

TUESDAY NIGHT STEAK BAKE AND BARBECUE

I / We plan to attend the Reception and Dinner at 7:00 p.m.

Registered Number attending: _____

DIETARY RESTRICTIONS/ALLERGIES: _____

Trial Lawyers Section

**Summer Meeting —
August 6 - 9, 2017**

**The Hotel Hershey
Hershey, PA**

➤ Please note any address corrections on the left.

Attorney registration fee includes:

Programming and costs associated with programming, coffee breaks, Sunday reception, Monday & Tuesday receptions & dinners. To receive MCLE credit, attorneys must pay the attorney registration fee. **All guests must be registered in order to attend events and food functions.**

Registration Cancellation:

Notice of cancellation must be received by **July 15, 2017** in order to obtain a refund of registration fees.

RESERVE YOUR HOTEL ONLINE AT:

<https://aws.passkey.com/event/49143104/owner/12055/home>

Per Night Rate: \$279 Single/Double plus state and local taxes. **HOTEL RESERVATION DEADLINE: JULY 5**

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

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

