

NEW YORK STATE BAR ASSOCIATION

MEETING REGISTRATION FORM

Name _____

Firm _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

Email _____

Check here if you are a first time delegate

PERSONAL INFORMATION

Spouse/Guest _____ Nickname _____

Attorney Nickname _____

Special Dietary Needs _____

FEES

I PLAN TO ATTEND THE HOUSE OF DELEGATES MEETING ONLY SATURDAY, JUNE 16 _____

ATTORNEY REGISTRATION FEE: **\$75.00**

SPOUSE/GUEST FEE: **\$75.00**

(This fee covers all cocktail reception beverages & hors d'oeuvres. If you are not staying at the Otesaga, there will be a charge for all meals that you have in their dining room.)

ACTIVITIES

I / We plan to attend the **Cocktail Reception & Dinner** at the Farmers' Museum
Thursday, June 14 _____ (No. attending, including children)

I / We plan to participate in the **Cooking Demonstration Class** Friday, June 15 - 10:00a.m.

Name(s)

I / We plan to participate in **Bike the Lake Loop** Friday, June 15 - 1:00 p.m.

Name(s)

I / We plan to participate in **Glimmerglass Queen Boat Cruise** Friday, June 15 - 2:00 p.m.

Name(s)

I / We plan to participate in **Golf: Leatherstocking Course**. Fees are on an individual basis
and payable on site Friday, June 15 - 12:15 p.m.

Name(s)/Handicaps _____

I plan to attend House of Delegates Special Cocktail Reception for First-Time Attendees
Friday, June 15 - 5:00 p.m. _____ (No. attending)

My child plans to participate in the **Children's Pizza Party and Movie** (for children under age 12)
Friday, June 15 - 6:00 p.m.

(Names/ages of children)

I / We plan to attend the **Cocktail Reception on the Veranda & Dinner in the Otesaga Dining**
Room Friday, June 15 - 6:00 p.m. _____ (No. attending, including children)

House of Delegates Summer Meeting June 14 - June 16, 2018

The Otesaga Hotel
Cooperstown, New York

Cancellation Notice:

Notice of cancellation must be received by June 7, 2018 in order to obtain a refund for registration fees.

Fax or mail this form with registration fee(s) to:

Kim McHargue
New York State Bar Association
One Elk Street
Albany, New York 12207
Phone: 518.487.5557
Fax: 518.463.8527

PAYMENT INFORMATION

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

(Make checks payable to New York State Bar Association)

Charge \$ _____ to

AmEx Discover MasterCard Visa

Exp. _____

Card Number:

Authorized Signature

