

**NEW YORK STATE BAR ASSOCIATION  
ELDER LAW AND SPECIAL NEEDS SECTION  
2019 MITCHELL RABBINO  
NATIONAL HEALTHCARE DECISIONS DAY/WEEK  
RESPONSE FORM**

**YES! We would like to hold a HEALTHCARE DECISIONS DAY program at our facility. We understand that, in order to make this a successful event for our attendees, we must proactively aid in publicizing and promoting the program and that the NYSBA will provide the speaker, materials, promotional information and other logistical information as needed, in a timely fashion.**

\_\_\_\_ We would like to have the program on \_\_\_\_\_  
at \_\_\_\_\_AM/PM.

OR

\_\_\_\_ We have made arrangements for a speaker to come to our facility on \_\_\_\_\_  
at \_\_\_\_\_AM/PM

Please list attorney name, firm and telephone \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ We would prefer the same speaker we had previously. Please list attorney name and/or  
firm \_\_\_\_\_

1. Facility Name \_\_\_\_\_  
Facility Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Name of Project Coordinator: (Who will *proactively* handle publicity for the program,  
receive materials for handouts, and assist the assigned speaker with details.)  
\_\_\_\_\_  
\_\_\_\_\_

3. Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

Over

4. Approximate number of attendees you expect will attend \_\_\_\_\_.
5. Ethnic background of majority of attendees at your facility \_\_\_\_\_.
6. If the speaker **MUST** be fluent in a foreign language\*, please indicate which language.  
\_\_\_\_\_

**\*Please note we may not have foreign language speaking volunteers in your area.**

7. Does an attorney come to your facility to provide pro bono legal assistance, elder law clinics, or paid legal services?      YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, name of attorney \_\_\_\_\_.
8. If a NYSBA Mitchell Rabbino National Healthcare Decisions Day program was held within the past two years at your facility, will the majority of participants be repeat attendees?  
YES \_\_\_\_\_ NO \_\_\_\_\_
9. Other information that will help us plan a successful program for your facility:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MAIL or FAX this form ASAP to:**

Kathleen E. Plog  
**New York State Bar Association**  
One Elk Street, Albany, NY 12207  
Telephone/FAX: 518/487-5681  
Email: kplog@nysba.org

Thank you for your interest in participating in the 2019 Mitchell Rabbino National Healthcare Decisions Day Program. Together, through our concerted efforts, we can bring much needed information and assistance to our communities. We look forward to hearing from you soon.

***Please note that while we will do everything in our power to ensure a Program at your facility, submission of this form does not guarantee the event. Please wait for confirmation that a speaker has been assigned to your site before advertising the event.***

**\* We will do our best to find an attorney who meets your language needs. However, we do not usually receive many bilingual volunteers.**