

NEW YORK STATE BAR ASSOCIATION

MEETING REGISTRATION FORM

Name _____

Firm _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

Email _____ ID# _____

PERSONAL INFORMATION

Spouse/Guest _____

Attorney Nickname _____

ACTIVITIES

- ☐ ATTORNEY REGISTRATION FEE (full program): \$100.00
- ☐ TICKETS FOR THE PRODUCTION AT THE RHINEBACK
CENTER FOR PERFORMING ARTS FEE: \$10.00
- ☐ GUEST FEE: \$75.00
- New!** ☐ **SATURDAY ONLY** (light breakfast, programming, tour, lunch) **\$45.00**

PLEASE NOTE ANY DIETARY NEEDS FOR FRIDAY'S DINNER:

PAYMENT INFORMATION

☐ Check or money order enclosed in the amount of \$ _____
(Make checks payable to New York State Bar Association)

☐ Charge \$ _____ to ☐ American Express ☐ Discover

☐ MasterCard ☐ Visa Expiration Date _____

Card Number _____

Authorized Signature _____

General Practice Section

May 6-7, 2016

Poughkeepsie Grand Hotel and
Franklin D. Roosevelt Presidential Library

Attorney registration fee includes:

Friday's dinner
Saturday's breakfast, programming, tour
and luncheon.

Guest registration fee includes:

Friday's dinner
Saturday's tour and luncheon

Cancellation Notice:

Notice of cancellation must be received
by **April 25, 2016** in order to obtain a
refund for registration fees.

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

Kathleen Heider
Director of Meetings
New York State Bar Association
One Elk Street
Albany, New York 12207
Phone: 518.487.5500
Fax: 518.463.5993

