

MEETING REGISTRATION FORM

Name(s) _____

Firm _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

Email _____

PERSONAL INFORMATION

E-mail Address _____

Phone (_____) _____ Fax (_____) _____

FEES

Health Law Section Member Fee: \$195.00 _____

Admitted to Practice 5 years or Less: \$ 95.00 _____

NYSBA Member Fee: \$240.00 _____

Admitted to Practice 5 years or Less: \$140.00 _____

Non-NYSBA Member Fee: \$295.00 _____

Admitted to Practice 5 years or Less: \$260.00 _____

NYSBA Member Law Students: \$50.00 _____

Non-NYSBA Member New York Law Students:

Join NYSBA FREE at: nysba.org/pathway

(Registration Fee includes breakfast, luncheon, reception, favors, programming and costs associated with program materials.)

PAYMENT INFORMATION

☐ Check or money order enclosed. (Make checks payable to

New York State Bar Association)

☐ Charge \$ _____ to ☐ American Express☐ Discover ☐ MasterCard ☐ Visa

Expiration date _____

Card number: _____

Authorized Signature _____

Health Law Section

Fall Meeting

October 30, 2015

State Bar Center
One Elk Street
Albany, NY 12207Please note any address corrections
on the left.

Registration fee includes:

Breakfast, luncheon, reception,
favors, programming and costs
associated with program materials.

Cancellation Notice:

Notice of cancellation must be
received by **October 22, 2015**
in order to obtain a refund for
registration fees.

Register Online:

www.nysba.org/healthFax or mail this form with
registration fee(s) to:Department of Section Services
One Elk Street
Albany, New York 12207
Phone: 518-487-5682
Fax: 518-463-5993
Attn: Amy Jasiewicz