

MEETING REGISTRATION FORM**PERSONAL INFORMATION**

Name(s) _____

Firm _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

Email _____

FEES

Health Law Section Member Fee: \$140.00 _____

Admitted to Practice 5 years or Less: \$ 90.00 _____

NYSBA Member Fee: \$195.00 _____

Admitted to Practice 5 years or Less: \$155.00 _____

Non-NYBSA Member Fee: \$295.00 _____

Admitted to Practice 5 years or Less: \$245.00 _____

(Registration Fee includes breakfast, luncheon, 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**Senior Housing in****New York State****September 25, 2015**

Duane Morris LLP

1540 Broadway

New York City

Please note any address corrections
on the left.**Registration fee includes:**Breakfast, luncheon, favors,
programming and costs associated
with program materials.**Cancellation Notice:**Notice of cancellation must be
received by **September 18, 2015**
in order to obtain a refund for
registration fees.**Fax 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

