

# NEW YORK STATE BAR ASSOCIATION

## MEETING REGISTRATION FORM

### PERSONAL INFORMATION

Name(s) \_\_\_\_\_

\_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

### FEES

Health Law Section Member Fee: \$195.00 \_\_\_\_\_

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

☐ I'd like to join the Section for \$30 and register at the Section member rate. \$30.00 \_\_\_\_\_

NYSBA Member Fee: \$240.00 \_\_\_\_\_

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

Non-NYBSA Member Fee: \$295.00 \_\_\_\_\_

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

NYSBA Member Law Students: \$15.00 \_\_\_\_\_

#### Non-NYSBA Member New York Law Students:

Join NYSBA FREE at: [nysba.org/pathway](http://nysba.org/pathway)

(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

### Fall Meeting

**October 28, 2016**

State Bar Center  
One Elk Street  
Albany, NY 12207



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 **October 20, 2016** in order to obtain a refund for registration fees.

### Register Online:

[www.nysba.org/health](http://www.nysba.org/health)

### Program Recording:

This program will be recorded. The recording will be available in 60 days at [www.nysba.org](http://www.nysba.org)

### CLE:

This program is accredited for MCLE credit in New York State only. Attorneys seeking credit in other jurisdictions may contact the governing body for CLE in their respective locations for credit application details.

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

Section and Meeting Services  
Department  
One Elk Street  
Albany, New York 12207  
Phone: 518-487-5682  
Fax: 518-463-5993  
Attn: Amy Jasiewicz

