

MEETING REGISTRATION FORM

Health Law Section
Fall Meeting

October 28, 2016

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

PERSONAL INFORMATION

E-mail Address _____

Phone (____) _____ Fax (____) _____

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(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 _____

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

Program Recording:

This program will be recorded. The
recording will be available in 60 days at
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