

# 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

March 11, 2016

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 **March 4, 2016** 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

