## NEW YORK STATE BAR ASSOCIATION

## MEETING REGISTRATION FORM **Labor & Employment** Law and Municipal Law Attorney Name \_ **Section Fall Meeting** Nickname/Attorney \_\_\_\_ September 25 - 27, 2015 Name of spouse or quest \_\_\_\_ The Saratoga Hilton Nickname/Spouse/Guest Saratoga Springs, NY Names & Ages of Children\_\_\_\_\_ Please note any address corrections on the left. Firm/Affilliation **Attorney registration** Address: fee includes: MCLE Programming and costs Phone/Fax \_\_\_\_\_ associated with programming, all coffee breaks, Friday box lunch, E-mail address Friday reception & dinner, Saturday reception and giveaways. **REGISTRATION FEES** Are You A First Time Attendee? **Registration Cancellation:** Labor or Municipal Section Member - \$350.00: \$ \_\_ Notice of cancellation must be \$ \_\_\_ Other NYSBA Members - \$425.00: received by **September 15, 2015** to Attorneys, Not NYSBA Members - \$475.00: \$\_\_\_\_\_ receive refund of registration fees. Spouse/Guest - \$195.00: \$ Children Age 12 to 18 - \$50.00: \$ Children Under 12 - Free **Hotel Accommodations: Overnight Accommodations at** Saratoga Hilton should be made MCLE SESSIONS online before September 2<sup>nd</sup> at: Check breakouts you plan to attend: https://resweb.passkey.com/go/ Friday, September 25 □ Workshop A □ Workshop B **NYSBASeptember** Workshops: □ Workshop C □ Workshop D Saturday, September 26 Fax or Mail this form with Tracks: registration fee(s) to: ☐ Track A Labor & Employment: **Municipal Law:** ☐ Track B Catheryn S. Teeter Meetings Representative New York State Bar Association **ACTIVITIES** One Elk Street Friday Lunch Albany, New York 12207 Registered attorney requesting box lunch. Phone: 518.487.5573 Fax: 518.463.5993 Registered spouse/guest requesting box lunch. Lunch included in registration fees for attorney and spouse/guest. cteeter@nysba.org Number of Additional Box Lunches for children. Please include PAYMENT INFORMATION \$27.00 per additional box lunch requested with registration fees. ☐ Check or Money order enclosed in the Friday Cocktail Reception & Dinner amount of \$ \_\_\_ Yes, registered attorney will attend Make checks payable to New York State Yes, registered spouse/guest/child will attend (number attending) Bar Association. Preferred entree: Salmon\_\_\_\_\_ ☐ Charge \$ \_\_\_\_\_ to Children's Meal ☐ American Express ☐ Discover Please specify number of each type entree requested. ■ MasterCard ■ Visa Saturday Golf - Saratoga Spa Golf Course Fee includes Cart, Greens Fees, Box Lunch: \$82.00 per person per round. Please include with registration fees. Card Number Player(s) \_\_\_\_\_ Handicap(s) \_\_ Expiration date \_\_\_ Saturday Cocktail Reception

Yes, registered attorney will attend

Yes, registered spouse/guest/child (number attending)

Authorized Signature

