

NEW YORK STATE BAR ASSOCIATION

MEETING REGISTRATION FORM

PERSONAL INFORMATION

Name of Attorney _____
 Nickname/Attorney _____
 Name of spouse or guest _____
 Names & Ages of Children _____
 Firm/Affiliation _____
 Address _____
 Phone _____ E-mail address _____

REGISTRATION FEES

Are You A First Time Attendee? If so, please check box ☐

NYSBA TICL or Trial Section Member:

\$475.00 per attorney \$ _____

NYSBA TICL and Trial Section Member:

\$425.00 per attorney \$ _____

NYSBA TICL and Trial Section Member Admitted 5 Years or less:

\$375.00 per attorney \$ _____

Non-Section Member Attorney:

\$650.00 per attorney \$ _____

Spouse/Guests (17 & Over) registration fee:

\$300.00 per spouse/guest \$ _____

Children, Under Age 17 registration fee:

\$100.00 per child * \$ _____

* Children's Registration does not include Saturday K-Paul's Dinner.

Children's Tickets for this event may be purchased for \$100 each.

No. of Children's Tickets: _____ Total for Tickets: \$ _____

ACTIVITIES

FRIDAY WELCOME RECEPTION – 5:30 p.m. at Hotel

Registered Number attending: _____

SATURDAY RECEPTION & DINNER AT K-PAUL'S KITCHEN – 7:00 p.m.

Registered Number attending: _____

SATURDAY PEARL RIVER ECO-TOUR – Departs from Hotel at 1:10 p.m.

Price includes transportation to/from swamp in Slidell. Lunch not included.

Please include fee(s). \$52 per person; children under 12: \$32.50

Number Adults: _____ Number Children Under 12: _____

SATURDAY/SUNDAY RACONTOURS' HISTORY OF NEW ORLEANS FOOD AND DRINK TOUR

Meet at Commander's Palace Restaurant at 12:50 pm. Lunch included.

Please include fee(s). \$125 per person. For Ages 21 and Over.

Saturday Tour: Registered Number attending: _____

Sunday Tour: Registered Number attending: _____

SATURDAY/SUNDAY FRENCH QTR. COURTYARDS-CEMETERY TOUR

Departs from 622 Royal St. at 1:15 p.m.

Please include fee(s). \$25 per person; children 10 - 18: \$20 each

Saturday Tour: Registered Adults/Children attending: _____

Sunday Tour: Registered Adults/Children attending: _____

SATURDAY/SUNDAY AFTERNOON GOLF – Boxed Lunches/Greens/ Cart Fees included in rates. Club rentals available. Cancellations must be received 14 days in advance to receive a refund of golf fees. **Please include fee(s) with form.**

I / We plan to play Golf on **Saturday** at LAKEWOOD GOLF CLUB, 12:30 p.m. Fees: **\$105 per person per round.** Player(s): _____ Handicap(s): _____

I / We plan to play Golf on **Sunday** at TPC LOUISIANA, 12:15 p.m. Fees: **\$185 per person per round.** Player(s): _____ Handicap(s): _____

SUNDAY STEAMBOAT NATCHEZ JAZZ CRUISE & BRUNCH – Boat Boards at 2:00 p.m. Price includes cruise and brunch with iced tea & coffee. **Please include fee(s). Adults: \$40; Children 6-12: \$23 / Under 6: \$11**

Number Adults: _____ Children 6-12: _____ Children Under 6: _____

SUNDAY NIGHT RECEPTION – 7:00 p.m. at Hotel
 Registered Number attending: _____

Torts, Insurance & Compensation Law and Trial Lawyers Sections

Fall Meeting —

October 7 - 10, 2016

The New Orleans Marriott,
 555 Canal St., New Orleans

➤ Please note any address corrections on the left.

Attorney registration fee includes:

Programming and associated costs, coffee breaks, Friday reception and Taste of New Orleans event, Saturday reception/dinner, Sunday reception. To receive MCLE credit, attorneys must pay the attorney registration fee. **All guests must be registered to attend events and food functions.** Please sign up for additional activities on this form and include any respective fees along with your registration fees.

RESERVE YOUR HOTEL ONLINE AT:

<https://aws.passkey.com/g/54462617>

Rates: Single/Double \$225 plus taxes/\$3 per night occupancy tax for duration of event.

CANCELLATION NOTICE:

Notice of cancellation must be received by **September 23, 2016** in order to obtain refund of registration fees.

Please return this form with appropriate fee(s) to:

Catheryn S. Teeter
 Meetings Representative
 New York State Bar Association
 One Elk Street
 Albany, New York 12207
 Telephone: 518.487.5573
 Fax: 518.463.5993
 cteeter@nysba.org

PAYMENT INFORMATION

Check or money order enclosed in the amount of \$ _____

(Please make checks payable to the **New York State Bar Association.**)

☐ Charge \$ _____ to ☐ American Express

☐ Discover ☐ MasterCard ☐ Visa

Expiration date _____

Card number: _____

Authorized Signature

