NEW YORK STATE BAR ASSOCIATION

MEETING REGISTRATION FORM

Name of Attorney	
Nickname/Attorney	
Name of spouse or guest	
Nickname/Spouse/Guest	
Names & Ages of Children	
Firm/Affilliation	
Address:	
Phone	Fax
E-mail address	

REGISTRATION FEES

Check Here if You Are A First Time Attendee 🖵

NYSBA L & E Law Section Member:	\$400.00
Non-Section Member Attorney:	\$525.00
Spouse/Guest:	\$300.00
Children 12 and older	\$75.00
Children 11 and under:	free

FRIDAY MCLE WORKSHOP CHOICES:

Check the workshop you plan to attend.

Friday, September 23: UVorkshop A UVorkshop B Workshop C

ACTIVITIES

Friday, Septemb	er 23
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Box Lunch

_____ Registered attorney requesting box lunch.

Supreme Court Visit with Justice Ruth Bader Ginsberg - 5 p.m. _____ Registered attorney will attend. *Not open to spouses or guests.*

Cocktail Reception & Dinner - 6:30 p.m. to 9:30 p.m.

_____ Yes, registered attorney will attend.

_____ Yes, registered spouse/guest/child will attend (number attending)

Preferred entree: Fish_____ Beef____ Children's Meal _____

Please specify number of each type entree requested.

Saturday, September 24

US Capitol Tour - Select Preferred time below.

Free. Registrants must arrive 45 minutes in advance for each tour: 2:20 pm Tour ______(No. attending) 2:40 pm Tour ______(No. attending)

Newseum	Visit:	2:00	p.m.
15 minute walk from hotel			

Adults: \$19 each Children 7 to 16: \$13 each Children 6 and Under: Free

(No. attending)
(No. attending)
 (No. attending)

Cocktail Reception: 7 p.m.

_____ Yes, registered attorney will attend.

_____ Yes, registered spouse/guest/child will attend (number attending)

Labor & Employment Law Section Fall Meeting

September 23 - 25, 2016

Washington Court Hotel 525 New Jersey Ave., NW Washington, DC

Please note any address corrections on the left.

Attorney registration fee includes:

MCLE Programming and costs associated with programming, all coffee breaks, Friday box lunch, Friday reception & dinner, Saturday reception and giveaway.

Cancellation Notice:

Notice of cancellation must be received by **September 10**, **2016** in order to obtain a refund of registration fees.

Hotel Reservations: Book your lodging online by August 20 at: LABRFA16DC

Fax or Mail this form with registration 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

PAYMENT INFORMATION

□ Check or Money order enclosed in the amount of \$_____ Make checks payable to New York State Bar Association.

□ Charge \$ _____ to

□ American Express □ Discover

MasterCard Visa

Card Number

Expiration date ____

Authorized Signature

