NEW YORK STATE BAR ASSOCIATION

MEETING REGISTRATION FORM	Elder Law and Special Needs Section
Name Firm	Fall Meeting
Address	October 26 - 27, 2017
City/State/Zip	DoubleTree Hilton
E-mail Address	Tarrytown, New York
Phone () Fax ()	Please note any address corrections on the left.
PERSONAL INFORMATION Spouse/Guest Name	□ DIETARY NEEDS
REGISTRATION FEES	Pools your botal assummedations at
NYSBA Elder Law & Special Needs Section Member: \$300.00 NYSBA Member - Newly Admitted (5 years or less)*: \$250.00 NYSBA ELSN Section Member First Time Attendee**: \$250.00 Other NYSBA Members: \$400.00 Non-NYSBA Member Attorneys: \$500.00 Spouse/Guest: \$180.00 * Newly-Admitted attorneys are not required to be a Section	Book your hotel accommodations at www.tarrytown.doubletree.com Make sure to add Special rate code "NYS" in the group code box to receive our preferred rate of \$169/ night plus taxes. Hotel cut-off date is September 25th. Reservations will fill quickly. Availability of rooms is not guaranteed up to the cut-off date.
member to receive preferred rate.	Attorney Registration
**Elder Law and Special Needs Section members who have not attended a Summer or Fall Section meeting since 2007. CONCURRENT ROUND TABLE SESSIONS Please check the three sessions you plan to attend Friday morning: A: Hot Legislative Topics B: Practice Management Issues	Fee includes: Thursday & Friday MCLE Programming and associated costs, Thursday Tappan Hill Cocktail Reception and Dinner, Friday Continental Breakfast, MCLE Lunch
C: Supported Decision Making E: Mental Illness D: Post Guardianship Issues F: Elderly/Disabled Housing Issues	& meeting coffee breaks.
G: Nursing Home Admission Agreements SOCIAL EVENTS/ACTIVITIES	Spouse/Guest Registration Fee includes: Thursday Tappan Hill Cocktail Reception and Dinner, Friday Continental Breakfast.
I/ We plan to attend the Tappan Hill Cocktail Reception/Dinner Thursday, October 26 (No. attending) Entree Choices: Fish Beef Vegetarian Please specify number of each type entree requested.	Cancellation Notice: Notice of cancellation must be received by October 18, 2017
I plan to attend the Attorney Only MCLE Luncheon Friday, October 27 (No. attending)	in order to obtain a refund for registration fees.
PAYMENT INFORMATION ☐ Check or money order enclosed in the amount of \$ (Make checks payable to New York State Bar Association.)	Fax or mail this form with registration fee(s) to: Catheryn Teeter New York State Bar Association
☐ Charge \$ to ☐ American Express ☐ Discover ☐ MasterCard ☐ Visa Expiration	One Elk Street Albany, New York 12207 Phone: 518.487.5573 Fax: 518.463.5993 cteeter@nysba.org
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Authorized Signature	Institution of the second