

MEETING REGISTRATION FORM

PERSONAL INFORMATION

Name of Attorney _____

Nickname/Attorney _____

Name of spouse or guest _____

Names & Ages of Children _____

Firm/Affiliation _____

Address _____

Address _____

Phone _____ E-mail address _____

REGISTRATION FEES

NYSBA T & E Section Member: \$775.00 _____

First Time Attendee, T & E Section Member \$650.00 _____

Non-Section Member: \$975.00 _____

Spouse/Guests (18 & over): \$575.00 _____

Children 13 – 17 years of age: \$225.00 _____

Children 12 years of age and under \$100.00 _____

OPTIONAL CLE – BREAKFAST WITH THE SURROGATES:

\$60 per person, Friday, May 4, 8:00 a.m., Number Attending _____

ACTIVITIES

THURSDAY WELCOME RECEPTION – Black Banks Terrace, The Cloister
6:00 p.m. Registered Number attending: _____

FRIDAY SALT MARSH DOLPHIN TOUR – Cloister Dock
10:00 a.m. **Please include fee(s). Adults: \$115/Children: \$57.50**
Number Registered Adults: _____ Number Children: _____

FRIDAY INTRO TO CLAY TARGET SHOOTING – Shooting School
Meet at school at 2:00 p.m. **Adults: \$130/Children 12 to 18: \$65**
Must weigh 100 pounds to participate. Please include fee(s).
Number Registered Adults: _____ Number Children 12 to 18: _____

FRIDAY DOUBLES TENNIS TOURNAMENT – Cloister Tennis Center
2:30 p.m. **Must be 18 or older. \$80 per person. Please include fee(s).**
Number Players: _____ Player Names: _____

FRIDAY CLOISTER BELLE YACHT CRUISE – Meet at Cloister Dock
2:30 p.m. **Adults: \$75/Children up to 18: \$37.50. Please include fee(s).**
Number Registered Adults: _____ Number Children: _____

FRIDAY RECEPTION & DINNER AT OCEAN ROOM & PATIO – Beach Club
6:00 p.m. Children's Dinner in adjacent Mirimar Room.
Registered Number attending: _____

Entree Selections (Select One Option for Each Registered Attendee)
ENTREES: Fish _____ Chicken _____ Vegetarian _____

SATURDAY BEACH HORSEBACK RIDE – Rainbow Island Stables
1:00 p.m. **Adults: \$145/Children 10 to 18: \$72.50. Please include fee(s).**
Number Registered Adults: _____ Number Children 10 to 18: _____

SATURDAY GOLF – Seaside Course
1:30 p.m. Fees includes greens, carts, range balls, forecaddie, club cleaning.
\$370 per person. Please include fee(s).
Player Name(s): _____ Handicap(s): _____

SATURDAY HOBIE CAT SHELLING TOUR – Sailing Center at Beach Club
2:00 p.m. **Adults: \$150/Children 5 to 18: \$75. Must be able to swim on own. Please include fee(s).**
Number Registered Adults: _____ Number Children 5 to 18: _____

SATURDAY MARSH KAYAKING WITH GUIDE – Rainbow Island Water Sports
2:30 p.m. **Adults: \$138/Children 6 to 18: \$69. Must be able to swim without life jacket. Please include fee(s).**
Number Registered Adults: _____ Number Children 10 to 18: _____

SATURDAY RECEPTION/DINNER – Rainbow Island
6:30 p.m. Registered Number attending: _____

Trusts & Estates Law Section

Spring Meeting

May 3 – 6, 2018

The Cloister

Sea Island, Georgia

➤ Please note any address corrections on the left.

Attorney registration fee includes:

Programming and associated costs, continental breakfasts Friday and Saturday, coffee breaks, Thursday reception, Friday and Saturday receptions and dinners. To receive MCLE credit, attorneys must pay the attorney registration fee. **Spouse/Guest Fees** cover all of the above except MCLE Programming. **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.

DIETARY NEEDS: _____

RESERVE YOUR HOTEL ROOM NOW AT

844-788-6138! We anticipate rooms will sell out before the cut-off of April 2nd at both Hotel options: The Cloister and the Inn at Sea Island on St. Simons Island.

CANCELLATION NOTICE:

Notice of cancellation must be received by **April 1, 2018** in order to obtain refund of registration fees.

Please return this form with appropriate payment of 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 _____

