

MEETING REGISTRATION FORM

Name of Attorney _____

Nickname/Attorney _____

Name of Spouse or Guest _____

Nickname/Spouse/Guest _____

Names & Ages of Children _____

Firm/Affiliation _____

Address: _____

Phone _____

E-mail address _____

REGISTRATION FEES

Check Here if you are a First Time Attendee ☐**NYSBA Tax Section Member Attorney:**

\$575.00 per attorney \$ _____

NYSBA Non-Section Member Attorney:

\$650.00 per attorney \$ _____

NYSBA Tax Section Attorney admitted 2013 or later:

\$290 per attorney \$ _____

Other Attorneys:

\$700.00 per attorney \$ _____

Spouse/Guest/Child ages 17+:

\$425.00 per spouse/guest/child \$ _____

Child/Children ages 10 – 16 registration fee:

\$100.00 per child \$ _____

ACTIVITIES

Friday Reception at Press Hotel*Indicate Number of Registered Attendees*

____ Yes, registered attorney will attend

____ Yes, registered spouse/guest/child(ren) will attend

Saturday Local & State Tax Luncheon & MCLE Program

____ Yes, registered attorney will attend

Saturday Afternoon Culinary Palette Arts & Culture Tour

2 pm to 5 pm. Departs from front of US Customs House, 312 Fore Street

Number attending ____ X \$85 per person = ____

Saturday Afternoon Greater Portland Landmarks Gateway to Commerce & Industry Tour2 pm to 3:30 pm. Tour Departs at **1:50 pm sharp from Press Lobby.**

Number attending ____ X \$10 per person = ____

Saturday Reception and Dinner – Indicate Number of Registered Attendees and Entree Preferences for each.

____ Yes, registered attorney will attend

____ Yes, registered spouse/guest/child will attend

Entree Selections (Select One Option for Each Person)

Lobster ____ Beef ____ Vegetarian ____

Sunday Executive Committee Breakfast Meeting*Open only to Tax Section Executive Committee Members*

____ Yes, registered Executive Committee member will attend

Tax Section
Summer Meeting

June 22 – 24, 2018

Press Hotel
Portland, MainePlease note any address
corrections on the left.Attorney Registration
fees include:Programming and associated costs, coffee breaks, Friday & Saturday receptions, Saturday lunch at optional CLE session and Saturday dinner. **Attorneys attending MCLE sessions must pay the Attorney Registration Fee.**

Dietary Needs: _____

Reserve Your Hotel Room Before May 22nd. Link to hotel site at: www.nysba.org/TAXSU18**Press Hotel Rate:** Single/Double \$399 plus taxes/fees.**Hampton Inn Rate:** Single/Double \$279 plus taxes/fees. Two night minimum stay.**Cancellation Notice:**To receive a refund of meeting registration fees, notice of cancellation must be received on, or before, **Wednesday, June 6, 2018.****Return this form with registration fee(s) to:**Catheryn Teeter
Meetings Representative
New York State Bar Association
One Elk Street
Albany, New York 12207
Telephone: 518-487-5573
Fax: 518-463-5993
Email: 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 ☐ Visa☐ Discover ☐ MasterCard

Expiration date _____

Card number: _____

Authorized Signature _____

