

New York State Bar Association House of Delegates Meeting Saturday, April 1, 2017

Please return prior to Friday, March 17, 2017

To: Kim McHargue New York State Bar Association One Elk Street Albany, New York 12207 Facsimile Number: 518/463-5993/E-mail: kmchargue@nysba.org

AGENDA MATERIALS*

_____ Yes, I would like the agenda materials sent electronically

____ No, I prefer to have the agenda materials mailed to me

*If no selection is made, the materials will be mailed to you.

HOUSE OF DELEGATES DINNER, FRIDAY, MARCH 31, 2017

*There is a \$35 surcharge for the dinner. Please return form with payment no later than March 17, 2017.

I _____ will _____ will not be able to attend the reception and dinner commencing at 6:00 p.m.

******Due to space limitations, we are not able to accommodate guests for this dinner.

Check or m Association)	oney order enclosed in the amount of \$(Pl												Plea	lease make checks payable to New York State Bar				
		to		Am	an E	xpre	SS	Discover			r 🕻					Visa Expiration Date		
Card number:																	Name of card holder	
Authorized Signature																		
HOUSE OF DELEGATES MEETING, SATURDAY, APRIL 1, 2017																		
T	will not be able to attend the meeting commencing at 0.00 cm																	

I _____ will _____ will not be able to attend the meeting commencing at 9:00 a.m.

____ Yes, I will join members of the House of Delegates for lunch at approximately 1:00 p.m.

_ I prefer a box lunch to go – **THIS MUST BE PRE-ORDERED**

Member's Name (please print)