



New York State Bar Association
House of Delegates Meeting
Saturday, April 13, 2019

Please return prior to Friday, March 29, 2019

To: **Melissa O'Clair**
New York State Bar Association
One Elk Street
Albany, New York 12207
Facsimile Number: 518/463-5993/E-mail:moclair@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, APRIL 12, 2019

***There is a \$35 surcharge for the dinner. Please return form with payment no later than March 29, 2019.**

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

Dinner selection: ___ Salmon ___ Sliced NY Sirloin ___ Vegetarian

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

Check or money order enclosed in the amount of \$_____ (Please make checks payable to New York State Bar Association)

Charge \$_____ to American Express Discover MasterCard Visa

Card number:

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Expiration Date _____

Name of card holder _____ Authorized Signature _____

HOUSE OF DELEGATES MEETING, SATURDAY, APRIL 13, 2019

I ___ will ___ will not be able to attend the meeting commencing at 8:30 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)