

New York State Bar Association House of Delegates Meeting Saturday, November 3, 2018

Please return prior to Friday, October 19, 2018

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
AGE	NDA 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.
HOU	SE OF DELEGATES DINNER, FRIDAY, NOVEMBER 2, 2018
*Ther	e is a \$35.00 surcharge for the dinner. Please return form with payment no later than Friday, October 19, 2018.
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.
Associ	eck or money order enclosed in the amount of \$ (Please make checks payable to New York State Bar (action) arge \$ to □ American Express □ Discover □ MasterCard □ Visa
Card n	Expiration Date
Name	of card holder Authorized Signature
HOU	SE OF DELEGATES MEETING, SATURDAY, NOVEMBER 3, 2018
I	will will not be able to attend the meeting commencing at 9:30 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)