New York State Bar Association
House of Delegates Meeting
Saturday, November 2, 2019

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Please return prior to Friday, October 18, 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 sent electronically to you.

HOUSE OF DELEGATES DINNER, FRIDAY, NOVEMBER 1, 2019

***There is a $50.00 surcharge for the dinner. Please return form with payment no later than Friday, October 18, 2019.**

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 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: | | | | | | | | | | | | | | | | | **Expiration Date** _____

Name of card holder _____
Authorized Signature _____

HOUSE OF DELEGATES MEETING, SATURDAY, NOVEMBER 2, 2019

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)