

# CONVENTION 2026

Woodcliff Resort & Spa, Fairport, New York  
May 28 - May 31, 2026

## REGISTRATION FORM

(FORM MUST BE RECEIVED BY MAY 15, 2026)

WBASNY members registering by May 1st will receive a \$50.00 discount on the full weekend convention package

WBASNY Member

Name (please print)

First time attendee

Firm / Organization Name

WBASNY Chapter

Address

City / State / Zip

Phone

E-mail

### REGISTRATION FEES

- Weekend Convention Package:** (Friday, May 29 - Sunday, May 31) \$ 575 = \$ \_\_\_\_\_  
Includes Friday and Saturday Continuing Legal Education Programs, Refreshment Breaks, Friday Reception and Awards Dinner, Saturday Breakfast, Saturday Reception and Installation Dinner, and Sunday Plenary Breakfast Meeting
- 1 Day / 1 Night Convention Package:** (Friday, May 29 - Saturday, May 30) \$ 375 = \$ \_\_\_\_\_  
Includes Friday Continuing Legal Education Programs, Refreshment Break, Friday Reception and Awards Dinner, and Saturday Breakfast
- 1 Day / 1 Night Convention Package:** (Saturday, May 30 - Sunday, May 31) \$ 375 = \$ \_\_\_\_\_  
Includes Saturday Continuing Legal Education Programs, Refreshment Break, Saturday Reception and Installation Dinner, and Sunday Plenary Breakfast Meeting
- Guest Convention Package:** (Friday, May 29 - Sunday, May 31) \$ 500 = \$ \_\_\_\_\_  
Includes Refreshment Breaks, Friday Reception and Awards Dinner, Saturday Breakfast, Saturday Reception and Installation Dinner, Sunday Plenary Breakfast Meeting, and Convention Commemorative Tote Bag and Gift Items  
Name of Adult Guest(s): \_\_\_\_\_
- Early Registration Discount — May 1 deadline, deduct \$50.00** - \$ 50 = \$ \_\_\_\_\_  
(Valid only for members registering for the weekend convention package)

Please note that registration fees do not include hotel accommodations. All room reservations must be made individually through the hotel's reservation link located on the WBASNY website - [www.wbasny.org](http://www.wbasny.org). In order to reserve a room at the hotel, attendees must register for a Convention package or your room at the hotel will be cancelled.

SUBTOTAL = \$ \_\_\_\_\_

**Weekend Children's Package (12 and under):** (Friday, May 29 - Sunday, May 31) \$ 125 = \$ \_\_\_\_\_  
 Includes Refreshment Breaks, Friday Reception and Awards Dinner, Saturday Breakfast, Saturday Reception and Installation Dinner, and Sunday Plenary Breakfast Meeting  
 Name(s) of Child(ren): \_\_\_\_\_

**CLE PROGRAMS AND SEMINARS** — I plan to attend the following CLE programs:

<p><b>Friday, May 29</b></p> <p><input type="checkbox"/> Clear is Not Cold</p> <p><input type="checkbox"/> Immigration Law for Non-Immigration Lawyers</p>	<p><b>Saturday, May 30</b></p> <p><input type="checkbox"/> Effective Appellate Writing</p> <p><input type="checkbox"/> Navigating the Aftermath</p> <p><input type="checkbox"/> New Medical Aid in Dying Law</p> <p><input type="checkbox"/> Law Partnerships</p> <p><input type="checkbox"/> Understanding as Strategy</p>
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**INDIVIDUAL FUNCTIONS**

<input type="checkbox"/> Thursday Genesee Brew House	# _____ X \$ 45	= \$ _____
<input type="checkbox"/> Friday Golf	# _____ X \$ 20	= \$ _____
<input type="checkbox"/> Friday Reception and Dinner	# _____ X \$ 150	= \$ _____
Name of Adult Guest(s): _____		
<input type="checkbox"/> Saturday Strong Museum of Play	# _____ X \$ 27	= \$ _____
<input type="checkbox"/> Saturday Susan B. Anthony House Tour ( <i>space limited to 20</i> )	# _____ X \$ 25	= \$ _____
<input type="checkbox"/> Saturday Reception and Dinner	# _____ X \$ 150	= \$ _____
Name of Adult Guest(s): _____		
<input type="checkbox"/> Sunday Forest Yoga	# _____ X \$ 5	= \$ _____
<input type="checkbox"/> Continuing Legal Education (per program) (Please indicate which CLE(s) you plan to attend)	# _____ X \$ 75	= \$ _____

Please indicate any special needs:  vegetarian meals  vegan meals

**TOTAL** \$ \_\_\_\_\_

**PAYMENT:**

Enclosed is my check, made payable to "**WBASNY**", together with my registration form.  
 Mail to: WBASNY Convention 2026, Post Office Box 936, Planetarium Station, New York, NY 10024-0546.

Please charge to: American Express \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_ CVS#: \_\_\_\_\_

◆ If paying by credit card, you may fax your registration to: (212) 721-1620 or register on-line at: [www.wbasny.org](http://www.wbasny.org).  
 ◆ Inquiries should be directed to: Linda Chiaverini at (212) 362-4445 or [events@wbasny.org](mailto:events@wbasny.org).

<b>FOR OFFICE USE ONLY</b>			
Member ID: _____	Reg ID: _____	Amt. PD: _____	Received: _____
Member ID: _____	Reg ID: _____	Payment : _____	Entered: _____