

CONVENTION 2024

The Gideon Putnam, Saratoga Springs, New York
May 31 - June 2, 2024

REGISTRATION FORM

(FORM MUST BE RECEIVED BY MAY 17, 2024)

WBASNY members and guests registering by May 3rd will receive a \$50.00 discount on the 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 31 - Sunday, June 2) \$ 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 31 - Saturday, June 1) \$ 400 = \$ _____

Includes Friday Continuing Legal Education Programs, Refreshment Break, Friday Reception and Awards Dinner, and Saturday Breakfast

1 Day / 1 Night Convention Package: (Saturday, June 1 - Sunday, June 2) \$ 400 = \$ _____

Includes Saturday Continuing Legal Education Programs, Refreshment Break, Saturday Reception and Installation Dinner, and Sunday Plenary Breakfast Meeting

Guest Convention Package: (Friday, May 31 - Sunday, June 2) \$ 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 3 deadline, deduct \$50.00 - \$ 50 = \$ _____
(Valid only for members and guests 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. 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 31 - Sunday, June 2) \$ 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>Friday, May 31</p> <p><input type="checkbox"/> Ageism, Elder Abuse and Financial Exploitation <input type="checkbox"/> Fundamentals of New York Adoption Proceedings <input type="checkbox"/> Ethics and the Use of AI in the Practice of Law <input type="checkbox"/> The Impact of SFFA on Affirmative Action</p>	<p>Saturday, June 1</p> <p><input type="checkbox"/> Trial & Error: Navigating the Maze of Trial Practice <input type="checkbox"/> Vulnerabilities of Trusts in Matrimonial Law <input type="checkbox"/> Taking and Defending Depositions <input type="checkbox"/> Comprehensive Modalities for Protecting Victims / Survivors of Domestic Violence</p>
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INDIVIDUAL FUNCTIONS

<input type="checkbox"/> Thursday Off to the Races - A Night at the Museum	# _____ X \$ 60	= \$ _____
<input type="checkbox"/> Friday Fitness Class	# _____ X \$ 0	= \$ _____
<input type="checkbox"/> Friday Golf Clinic	# _____ X \$ 25	= \$ _____
<input type="checkbox"/> Friday Golf Outing	# _____ X \$ 30	= \$ _____
<input type="checkbox"/> Friday Saratoga Springs Historical Walking Tour (<i>space limited to 40</i>)	# _____ X \$ 25	= \$ _____
<input type="checkbox"/> Friday Reception and Dinner	# _____ X \$ 195	= \$ _____
Name of Adult Guest(s): _____		
<input type="checkbox"/> Saturday Fitness Class	# _____ X \$ 0	= \$ _____
<input type="checkbox"/> Saturday Dance Class	# _____ X \$ 0	= \$ _____
<input type="checkbox"/> Saturday Reception and Dinner	# _____ X \$ 195	= \$ _____
Name of Adult Guest(s): _____		
<input type="checkbox"/> Continuing Legal Education (per program) (Please indicate which CLE 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 2024, 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.
 ♦ Inquiries should be directed to: Linda Chiaverini at (212) 362-4445 or events@wbasny.org.

FOR OFFICE USE ONLY			
Member ID: _____	Reg ID: _____	Amt. PD: _____	Received: _____
Member ID: _____	Reg ID: _____	Payment : _____	Entered: _____