

# SEMINAR REGISTRATION FORM - NEW YORK, NEW YORK

Nov. 18-21, 2023 • INTERCONTINENTAL NEW YORK TIMES SQUARE • 300 WEST 44TH STREET • NEW YORK, NY

GENERAL INFORMATION

Judge Bar Roll Number \_\_\_\_\_  
 Ms.  Mr. Name \_\_\_\_\_  
First Name for Badge \_\_\_\_\_  
Firm Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
 Please check here or contact the LSBA if you have a disability which may require special accommodations at this conference. The LSBA is committed to ensuring full accessibility for all registrants.

HOTEL PAYMENT

I authorize the LSBA to make the following reservations at the InterContinental New York Times Square on my behalf (check one):  
 **Single Room (King Bed)**                       **Double Room (two double beds)**  
 **I will attend the Hospitality Suite \$23.71 per person per day. Guest name:** \_\_\_\_\_  
Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_  
Comments/Requests: \_\_\_\_\_  
**Note:** Check-in time is 3 p.m. Check-out time is 12 noon. The hotel will make reasonable efforts to accommodate early arrivals.  
 Confirm my reservation with my check (If paying by check, make housing check only payable to InterContinental New York Times Square.)  
 Confirm my reservation with my credit card:  
 IHG Chase Mastercard    AMEX    Diners Club    Discover    JCB    MasterCard    VISA  
Last four (4) digits of credit card \_\_\_\_\_  
Name as it Appears on Card \_\_\_\_\_  
Billing Address on Card \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Signature \_\_\_\_\_

SEMINAR PAYMENT

Seminar Registration Fee . . . . . \$775  
 **Pay by Check:** Make checks payable to the Louisiana State Bar Association.  
 **Pay by Credit Card:** Please charge \$\_\_\_\_\_ to my credit card    VISA    MC    Discover  
Last four (4) digits of credit card \_\_\_\_\_  
Name as it Appears on Card \_\_\_\_\_  
Billing Address on Card \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Signature \_\_\_\_\_

*The credit card information below will be destroyed after your credit card has been charged:*

SEMINAR CC INFO

## CLE REGISTRATION

Please charge \$\_\_\_\_\_ to my credit card  
 VISA    MC    Discover  
Credit Card Account Number \_\_\_\_\_  
Expiration \_\_\_\_\_ Security Code \_\_\_\_\_

HOTEL CC INFO

## HOTEL REGISTRATION

Please charge \$\_\_\_\_\_ to my credit card  
 IHG Chase Mastercard    AMEX    Diners Club  
 Discover    JCB    MasterCard    VISA  
Credit Card Account Number \_\_\_\_\_  
Expiration \_\_\_\_\_ Security Code \_\_\_\_\_

The LSBA will no longer accept registration forms with credit card information via email. **REGISTRATION FORMS MUST BE MAILED OR FAXED.**

Please return this form with your remittance to:

Seminar Registration - Louisiana State Bar Association, 601 St. Charles Ave., New Orleans, LA 70130-3404  
Questions? Please call (504)619-0102 • (800)421-5722, ext. 102 • fax (504)617-7050