



ANNUAL MEETING

May 19-21 | A Virtual Event

REGISTER ONLINE FOR THE FASTEST, EASIEST EXPERIENCE

REGISTRATION

Check applicable category for each registrant	REGISTRATION FEE
<input type="checkbox"/> NJSBA Member*	\$179
<input type="checkbox"/> YLD Member*	\$25
<input type="checkbox"/> Government/Public Interest/Nonprofit Attorney providing legal services*	\$49
<input type="checkbox"/> Full-Time Judge	\$50
<input type="checkbox"/> Bar Association Executive Director	Free
<input type="checkbox"/> Law Clerk	Free
<input type="checkbox"/> Law Student	Free
<input type="checkbox"/> Nonmember Attorney**	\$299

Registration fees include access to all virtual program sessions and sponsor showcases.

Registration Closes May 18 at 5 p.m.

ALL ATTORNEY SPEAKERS must pay a registration fee.

Register online at njsba.com

OR

Complete and mail to:

NJSBA Annual Meeting Registration
 New Jersey Law Center
 One Constitution Square
 New Brunswick, NJ 08901-1520

* NJSBA member, young lawyer and government/public interest attorney rates apply to NJSBA members in good standing.

** Nonmember attorney registration fee includes ONE FULL YEAR of NJSBA MEMBERSHIP. A non-member is anyone who has not had an active NJSBA membership for 12 months. Call the Membership Department at 732-249-5000 for special nonmember young lawyer and government attorney rates.

Cancellation Policy: All requests for refunds must be in writing. For a full refund, requests must be received on or before May 17, 2021. Requests for refunds after May 17 will not be honored. Refunds will be processed the week of May 24.

ONLINE REGISTRATION DEADLINE: MAY 18, 5 p.m.

MAIL-IN FORMS: MUST BE RECEIVED BY MAY 16 TO ALLOW TIME FOR PROCESSING.

Name _____ NJSBA ID _____

Email (required to access the virtual Annual Meeting) _____ Phone _____

Law Firm | Organization _____

Law Clerks | Judge/Vicinage _____

Address (Law Clerks please use home address) _____

City | State | Zip _____

Enclosed is my check made payable to New Jersey State Bar Association Please charge my Visa MasterCard American Express

Name on Card _____ Acct. No. _____

Exp. _____ Signature _____ **TOTAL \$** _____