

SOCIETY OF NEW YORK WORKERS' COMPENSATION BAR ASSOCIATION

2017 Dinner Response Form

Firm Name

_____ (Tele) _____ Email _____

Number of attendees

Names of attendees	Meat	Fish	Kale & Mozzarella Ravioli	Kosher
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Seating Preferences

Tickets are \$210.00 per person, payable to Society of New York Workers' Compensation Bar Association. **Please mail response form by May 4, 2017 to:** Donna Cyrus c/o Fine, Olin & Anderman, LLP, 39 Broadway, Suite 1910, New York, NY 10006