

Senior Lawyers Division –Fall Meeting
October 23-25, 2009
Hampton Inn 155 Sugarloaf Road (828-697-2333)
Hendersonville, NC 28792

Friday, October 23, 2009

- 4:00 pm CHECK-IN
- 3:00 pm SLD Council Meeting – Harvest Room
- 5:45 pm Board Bus for cocktails & dinner
- 6:00 pm Cocktails – Dunroy (c1852)
home of Michael & Elaine Thompson
- 7:30 – 9 pm Dinner - Poplar Lodge – Flat Rock



Saturday, October 24, 2009

6 – 10 am Breakfast provided in Hampton Inn restaurant – included in room reservations

CLE PROGRAM in the **Harvest/Orchard** Meeting Rooms

Planner

- *Harold D. Colston*, Rocky Mount

Speakers

- *Samuel H. Johnson*, Johnson Hearn Vinegar Gee & Glass PLLC, Raleigh
- *Caroline T. Knox*, Van Winkle Buck Wall Starnes & Davis PA, Hendersonville
- *Evan M. Gilreath*, Lebensburger & Gilreath PLLC, Hendersonville

Agenda

- 8:00 - 8:20 a.m. Registration
- 8:20 – 8:30 Welcome & Introductions
- 8:30 - 9:30 **Financial Planning** • Johnson
- 9:30 - 10:30 **Elder Law** • Knox
- 10:30 -10:45 Break
- 10:45 -11:45 **Estate Planning** • Gilreath

CLE Credit: 3.0 Hours

AFTERNOON PLANNED ACTIVITES

12:00 Board Bus for trip to Lake Lure - box lunches provided
Along the way a stop at OC Barnwell Family Packing House & Orchard

2 -3 pm Pontoon Boat Cruise on Lake Lure

4:30 Return to Hampton Inn to rest and freshen up

12:00 – 4:30 **OPTIONAL ACTIVITIES** on your own

Carl Sandburg’s home Chimney Rock State Park
Dupont State Forest Historic Downtown
Blue Ridge Parkway Biltmore Estate in Asheville

5:30 Board Bus for evening events

5:45 – 7:15 pm Cocktails & Buffet Dinner at Season’s Restaurant, Highland Lake Inn

8:15 (arrive at 7:30) Flat Rock Playhouse -“The Woman in Black”

10:30 Return to Hampton Inn for coffee & dessert

Sunday, October 25, 2009

6 - 10 am Breakfast in Hampton Inn Restaurant – included in room fee

Noon Hotel check out

***** **Hotel cut-off date is October 2, 2009.** Reservations: 1-828-697-2333

SENIOR LAWYERS DIVISION - Fall MEETING -- SOCIAL ACTIVITIES
October 23-25, 2009 Hendersonville, NC

Please indicate NUMBER OF PEOPLE attending each event

Transportation - Bus reservations

___ Fri. - \$10/person
 ___ Sat. - \$25/person

Total = \$ _____

Friday Evening

___ Cocktails at "Dunroy" home of Michael & Elaine Thompson
 ___ Dinner at Popular Lodge – see prices below



Please indicate choice of entrée:	Member	Spouse/ Guest	price per person
Rib Eye	___	___	\$32.25
Marinated Chicken breast	___	___	\$20.75
White Alaska fish	___	___	\$22.00

Total = \$ _____

Saturday Afternoon

___ Lake Lure Cruise- \$11/person
 ___ Box lunch \$8.50/person

Total = \$ _____

Saturday Evening

___ Dinner Buffet at Season's Restaurant, Highland Lake Inn - \$40/person
 ___ Play tickets- \$24/person (discounted price)

Total = \$ _____

Name: _____ NCBA Member Number _____

Address: _____ (Billing address if paying by credit card)

City/State/Zip: _____

Telephone: _____ Fax: _____

Amount Enclosed \$ _____ Spouse / Guest Name _____

◀◀◀ IF PAYING BY CREDIT CARD: FAX TO NCBA ACCOUNTING: 919-677-1775 ▶▶▶

Visa MasterCard Amex (Circle appropriate card)

Card # _____ Total Payment: \$ _____ Expires: _____

RETURN BY: Wednesday, Oct. 15, 2009 Please return this form with your check to:
NCBA, Attn: Finance, SLD Fall Meeting PO Box 3688, Cary, NC 27519
If you have questions, call Jane Weathers or Sonya Christian at (800-662-7407)
e-mail jweathers@ncbar.org or christian@ncbar.org

SENIOR LAWYERS DIVISION – FALL MEETING
October 23, 2009

631SLD

CLE REGISTRATION FORM

Choose one. If your spouse chooses to attend with you, please indicate with mark in the “spouse/guest” blank

Early Bird
(Before October 16)

Regular
(After October 16)

_____ \$145 _____ \$195 Program (CLE Credit – 3.0 Hrs)

_____ \$ 35 _____ \$50 Sitter’s Fee (No CLE credit)

_____ Spouse/guest (no fee)

Hotel cut-off date is October 2, 2009. Reservations: 1-828-697-2333

Make check payable to NC Bar Foundation

Return to:

ACCOUNTING: #631SLD
North Carolina Bar Association
PO Box 3688 Cary, NC 27519-3688

Name: _____ NCBA Member Number _____

Address: _____ (Billing address paying by credit card)

City/State/Zip: _____

Telephone: _____ Fax: _____

Amount Enclosed \$ _____ Spouse / Guest Name: _____

◀◀◀ IF PAYING BY CREDIT CARD: FAX TO NCBA ACCOUNTING: 919-677-1775 ▶▶▶

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