# Annual Conference Registration Form
# April 21-23, 2010

NYSACRA

*NOTE: THIS FORM REGISTERS PARTICIPANTS FOR THE ANNUAL CONFERENCE ONLY.*
*SAGAMORE HOTEL RESERVATIONS MUST BE MADE SEPARATELY*

**Agency:** _____ **No. Attending:** _____

**Contact Person:** _____

**Address:** _____

**Phone: (___)** _____ **Fax Number: (___)** _____ **E-Mail:** _____

REGISTRATION FEES

| NYSACRA Members | First Registrant | | Additional Registrant | | |
|---|---|---|---|---|---|
| Pre-Con Session Only (Wednesday 4/21) | $165 | | $160 | | $_____ |
| Full Conference & Pre-Con Early (by 2/13/10) | $215 | + | $210 | = | $_____ |
| Full Conference & Pre-Con Regular (by 3/30/10) | $220 | + | $215 | = | $_____ |
| Full Conference & Pre-Con Late ( after 3/30/10) | $225 | + | $220 | = | $_____ |
| Conference One Day (by 4/10/10) | $160 | + | $155 | = | $_____ |
| Conference One Day (after 4/10/10) | $165 | + | $160 | = | $_____ |
| NOT YET NYSACRA MEMBERS – Add per person fee of $145 to fee schedule | | | | = | $_____ |

TOTAL ENCLOSED FOR REGISTRATION $_____

*SPECIAL RATES ARE AVAILABLE FOR CONSUMERS & FAMILIES. CALL NYSACRA FOR INFORMATION AT* **518-449-7551**

## INDIVIDUAL REGISTRATION FORM - *Please fill out a separate form for each person attending.*

**NAME:** _____ **TITLE:** _____

**AGENCY:** _____

**I AM NOT REGISTERED AT THE SAGAMORE** and will need to purchase the following meals. Please indicate with a check mark:

| | | | |
|---|---|---|---|
| Tuesday | ☐ Breakfast $20 | ☐ Lunch $27 | ☐ Dinner $55 |
| Wednesday: | ☐ Breakfast $20 | ☐ Lunch $27 | ☐ Dinner $55 |
| Thursday: | ☐ Breakfast $20 | ☐ Lunch $27 | ☐ Dinner $55 |
| Friday | ☐ Breakfast $20 | ☐ Lunch $27 | N/A |

TOTAL ENCLOSED FOR MEALS $_____

**TOTAL AMOUNT ENCLOSED (Registration Fees & Meals)** **$_____**

**Make checks payable to NYSACRA and mail to 240 Washington Avenue Extension, Suite C110, Albany NY 12203**

**CREDIT CARD PAYMENT:** ☐ Visa ☐ American Express ☐ MasterCard

**Credit Card Number:** _____ **Expiration Date:** _____

**Names as it Appears on Credit Card:** _____ **Authorized Signature:** _____

***Cancellation Policy:*** ***Refunds will be issued if NYSACRA is notified in writing prior to April 6, 2010. There will be a $25 service charge. Substitutions can be made by notifying NYSACRA prior to the conference.***