



Annual Conference Registration Form April 12-15, 2011

**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

<u>NYSACRA Members</u>	<u>First Registrant</u>		<u>Additional Registrant</u>	
Pre-Con Session	\$79		\$79	\$ _____
Full Conference Regular (by 3/25/11)	\$220	+	\$215	= \$ _____
Full Conference Late (after 3/25/11)	\$225	+	\$220	= \$ _____
Conference One Day (by 3/25/11)	\$160	+	\$155	= \$ _____
Conference One Day (after 3/25/11)	\$165	+	\$160	= \$ _____
NOT YET NYSACRA MEMBERS – Add per person fee of \$145 to fee schedule				= \$ _____

Pre-Con (\$ _____)+ Regular Conference(\$ _____) = 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: _____

ATTENDING BANQUET DINNER? • Yes • No **ATTENDING PRE-CONFERENCE SESSION?** • Yes • No

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

Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	Breakfast \$20	<input type="checkbox"/>	<input type="checkbox"/>	Lunch \$27	<input type="checkbox"/>	<input type="checkbox"/>	Dinner \$55
Wednesday:	<input type="checkbox"/>	<input type="checkbox"/>	Breakfast \$20	<input type="checkbox"/>	<input type="checkbox"/>	Lunch \$27	<input type="checkbox"/>	<input type="checkbox"/>	Dinner \$55
Thursday:	<input type="checkbox"/>	<input type="checkbox"/>	Breakfast \$20	<input type="checkbox"/>	<input type="checkbox"/>	Lunch \$27	<input type="checkbox"/>	<input type="checkbox"/>	Dinner \$55
Friday	<input type="checkbox"/>	<input type="checkbox"/>	Breakfast \$20	<input type="checkbox"/>	<input type="checkbox"/>	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: _____ Security Code: _____ 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 March 31, 2011. There will be a \$25 service charge. Substitutions can be made by notifying NYSACRA prior to the conference.