



BOARD MEETING REGISTRATION FORM

Hampton Inn & Suites, 1100 South Avenue, Staten Island, NY 10314

October 15, 2016

Registration Deadline: September 10, 2016

To Register: Online registration is preferred, link is <http://nyswomeninc.org/OctoberMeeting>
When you register online you either pay by credit card or mail a check

Or send completed form, with check payable to
New York State Women Inc. and note in Memo: 10/15/16 board meeting.
Send to: Linda Provo, Registration Chair
346 Park Street, Tupper Lake, NY 12986 (Telephone: 518 359-2671)
Email nyspsp0708@yahoo.com

Check if looking for roommate _____ Airport pick up _____ efforts will be made to accommodate

Name _____	Chapter _____
Address _____	
City _____	State _____ Zip _____
Phone _____	Email: _____
Dietary Requirements: (please check all that apply) Allergic to: _____	
Diabetic _____ Gluten-Free _____ Vegetarian: _____ Other: _____	

Registration Fees for ALL Attendees:	
Advance Registration	\$25 due by September 10, 2016
Late Registration	\$35 if received after September 10, 2016
On-Site Registration	\$50 upon arrival
Registration Fee:	\$ _____
Individual Meals / Tour:	
Breakfast is included with the Hotel room reservation; Dinners are on your own; Lunch and/or Tour registration must be paid with registration.	
<input type="checkbox"/> Saturday Lunch (includes Caesar Salad, Seafood Salad, Grilled Vegetables, Assorted wrap sandwiches, Penne Primavera, Assorted Cupcakes)	\$ <u>32.00</u>
<input type="checkbox"/> Friday Tour: the 911 Memorial/Museum (see flyer)	\$ <u>26.00</u>
TOTAL AMOUNT ENCLOSED:	\$ _____

- Name Tag Information:** (Check all that apply)
- | | | |
|--|--|---|
| <input type="checkbox"/> State Officer | <input type="checkbox"/> Standing Committee Chair | <input type="checkbox"/> Special/Sub Committee VC |
| <input type="checkbox"/> State Parliamentarian | <input type="checkbox"/> Standing Committee VC | <input type="checkbox"/> Member |
| <input type="checkbox"/> Region Director # _____ | <input type="checkbox"/> Chapter President | <input type="checkbox"/> Guest |
| <input type="checkbox"/> Asst Region Director# _____ | <input type="checkbox"/> Past State President | |
| <input type="checkbox"/> Imm Past State President | <input type="checkbox"/> Special/Sub Committee Chair | |