



## BOARD MEETING REGISTRATION FORM

Insert venue's name and address; date of meeting

Please note that **registration can also be submitted online** by visiting [WWW.NYSWOMENINC.ORG](http://WWW.NYSWOMENINC.ORG) and going to the Calendar.

When you register online you either pay by credit card or opt to mail a check.

**Registration Deadline:** insert date

Name \_\_\_\_\_ Chapter \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

Dietary Requirements: (please check all that apply and specify your needs)

Diabetic \_\_\_\_\_ Gluten-Free \_\_\_\_\_ Allergic to: \_\_\_\_\_ Other: \_\_\_\_\_

### Registration Fees for ALL Attendees:

Advance Registration \$25 due by insert date

Late Registration \$35 if received after insert same date

On-Site Registration \$50 upon arrival

### Individual Meals:

Edit information as needed:

Meals may be purchased separately if NOT staying at the hotel - - or insert:

Meals are not included in the Hotel Reservation and MUST be paid with Registration

( ) Saturday Breakfast \$\_\_\_\_ ( ) Saturday Dinner \$\_\_\_\_

( ) Saturday Lunch \$\_\_\_\_ ( ) Sunday Breakfast \$\_\_\_\_

**TOTAL AMOUNT ENCLOSED:** \$ \_\_\_\_\_

### Name Tag Information: (Check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> State Officer                | <input type="checkbox"/> Past State President     | <input type="checkbox"/> Special/Sub Committee Chair |
| <input type="checkbox"/> State Parliamentarian        | <input type="checkbox"/> Standing Committee Chair | <input type="checkbox"/> Special/Sub Committee VC    |
| <input type="checkbox"/> Region Director # _____      | <input type="checkbox"/> Standing Committee VC    | <input type="checkbox"/> Member                      |
| <input type="checkbox"/> Asst Region Director # _____ | <input type="checkbox"/> Chapter President        | <input type="checkbox"/> First Timer                 |
| <input type="checkbox"/> Imm Past State President     |   | <input type="checkbox"/> Guest                       |

### Board Packet Information

- ( ) I would like a printed copy (no charge) ( ) I will use online packet

### Send completed form and payment to:

(checks payable to **New York State Women Inc.** and note in Memo area board meeting and date)

Insert contact's Name, Address, Phone, email