



## ANNUAL CONFERENCE 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 \_\_\_\_\_ Vegetarian: \_\_\_\_\_ Allergic to: \_\_\_\_\_ Other: \_\_\_\_\_

### Registration Fees for ALL Attendees:

Advance Registration	\$40.00 due by <u>insert date</u>
Late Registration	\$55.00 if received after <u>insert same date</u>
On-Site Registration	\$75.00 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

<input type="checkbox"/> Friday Dinner/Reception \$ _____	<input type="checkbox"/> Saturday Dinner \$ _____
<input type="checkbox"/> Saturday Breakfast \$ _____	<input type="checkbox"/> Sunday Breakfast \$ _____
<input type="checkbox"/> Saturday Lunch \$ _____	

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

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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> State Officer               | <input type="checkbox"/> Outgoing Region Dir. # _____   | <input type="checkbox"/> Career Recognition Competitor |
| <input type="checkbox"/> State Parliamentarian       | <input type="checkbox"/> Outgoing Asst Reg Dir # _____  | <input type="checkbox"/> New Careerist Competitor      |
| <input type="checkbox"/> Imm Past State President    | <input type="checkbox"/> Incoming Region Dir # _____    | <input type="checkbox"/> Pers & Prof Dev Competitor    |
| <input type="checkbox"/> Past State President        | <input type="checkbox"/> Incoming Asst. Reg Dir # _____ | <input type="checkbox"/> Member                        |
| <input type="checkbox"/> Standing Committee Chair    | <input type="checkbox"/> Outgoing Chapter President     | <input type="checkbox"/> First Timer                   |
| <input type="checkbox"/> Standing Committee VC       | <input type="checkbox"/> Incoming Chapter President     | <input type="checkbox"/> Guest                         |
| <input type="checkbox"/> Special/Sub Committee Chair | <input type="checkbox"/> Special/Sub Committee VC       |  |

### Conference Book 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 Annual Conference and date)

Insert contact's Name, Address, Phone, email