



2024 ANNUAL CONFERENCE REGISTRATION FORM

Holiday Inn, Binghamton, NY

June 7-9, 2024

Please note that it is preferred that registration should be submitted online: <https://www.nyswomeninc.org/Conference>. When you register online you either pay by credit card or opt to mail a check prior to the deadline.

Registration Deadline: June 1, 2024
Registration and payment must be received by June 1, 2024

If not registering online, send completed form and payment to: (checks payable to New York State Women, Inc. and note in Memo area "Annual Conference" and date) to Robin Bridson, 162 W Genesee St, #7, Chittenango, NY 13037; Phone 315-794-3003; Email: RLB8963@gmail.com

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 FEE INCLUDES REGISTRATION, MEALS, AND ENTERTAINMENT

Registration Fees for ALL Attendees:

Regular Registration \$155.00 if received after May 12, 2024

On-Site Registration \$180.00 upon arrival

Meals included: Friday night snacks, Saturday breakfast, lunch, and dinner, and Sunday breakfast! Amazing rate! There will also be a comedy show Saturday night included with your registration!

SATURDAY ONLY:

Registration, Breakfast and Lunch: \$70

Registration, Lunch and Dinner: \$90

Registration, Breakfast, Lunch, and Dinner: \$100

MUST REGISTER BY JUNE 1st

TOTAL AMOUNT ENCLOSED: \$ _____

Name Tag Information: (Check all that apply)

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