

2019 NYSRA Conference Registration Thursday, 11.14.19 to Saturday, 11.16.19 Albany Capital Center
Registration must be postmarked by 11.1.19 to avoid the additional late and on-site registration fee of \$25.

Last Name:	First Name:
Address:	
City:	State & Zip:
Home Phone:	Business Phone:
Affiliation:	Position:
Valid/Unblocked E-Mail (Required for Registration Confirmation):	
Are you a member of a LOCAL NYSRA COUNCIL or AT-LARGE MEMBER of NYSRA? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, WHICH LOCAL COUNCIL? OR <input type="checkbox"/> AT-LARGE MEMBER	
<input type="checkbox"/> Please Check Here If You Will Need A Sign Language Interpreter (Postmarked by 9.30.19).	
<input type="checkbox"/> Please Check Here and Specify If You Have Special Dietary Needs:	

Registration Fees, Options (Per Person) and Payment Information

<input type="checkbox"/> \$40 NYSRA At-Large Membership (Allows You To Register At The Member Rate.)	
<p>Package A Regular Full Conference Package (Includes: Thursday Evening To Saturday Afternoon Professional Development, Lunch On Friday And Saturday, And Reception On Thursday And Friday Evening) Early Bird Registration Postmarked BY 9.30.19) <input type="checkbox"/> \$150 Member <input type="checkbox"/> \$225 Non-Member Regular Registration (Postmarked AFTER 9.30.19) <input type="checkbox"/> \$175 Member <input type="checkbox"/> \$175 School Groups Of 3 To 9 (Submit Together) <input type="checkbox"/> \$250 Non-Member <input type="checkbox"/> \$75 Full Time Student</p>	<p style="text-align: center;">PAYMENT INFORMATION (FULL PAYMENT AND/OR PO MUST ACCOMPANY THIS FORM)</p> <input type="checkbox"/> Check # _____ Amount: \$ _____ PLEASE MAKE CHECKS PAYABLE TO: NYSRA. (RETURNED CHECKS WILL BE ASSESSED A \$25 NSF FEE.) <input type="checkbox"/> PO# _____ District: _____ <p style="text-align: center;">(WE WILL INVOICE THE DISTRICT)</p> <input type="checkbox"/> CREDIT CARD TYPE: <input type="checkbox"/> AMEX <input type="checkbox"/> VISA <input type="checkbox"/> MC CARD NUMBER: _____ NAME ON CARD: _____ EXPIRATION DATE: _____ SECURITY CODE FROM BACK OF CARD: _____ SIGNATURE: _____ DATE: _____ E-MAIL TO SEND RECEIPT: _____ (NYSRA RESERVES THE RIGHT TO CHARGE YOUR CARD THE CORRECT AMT. IF THERE IS AN ERROR IN THE CALCULATION OF THE AMT. DUE.) <p style="text-align: center;">ADDITIONAL INFORMATION</p> <ol style="list-style-type: none"> A \$25 late registration fee will be assessed for registrations received after 11.1.19 and for On-Site Registrations. Refunds will be made ONLY with a written request postmarked by 11.1.19 and will be processed after the close of the conference. A registration confirmation e-mail will be sent to the e-mail address listed above. Please be sure to provide a valid, unblocked e-mail, NYSRA Taxpayer ID number is: 16-6098728. PLEASE MAIL, FAX, OR E-MAIL COMPLETED REGISTRATION ALONG WITH METHOD OF PAYMENT TO: <p style="text-align: center;">NYSRA CONFERENCE REGISTRATION c/o MARY & LARRY KLINE 507 BRETT'S WAY WHITESBORO, NY 13492 FAX: 315-736-3519 E-MAIL: NYSRACONFREG@ROADRUNNER.COM</p>
<p>Package B Single Day Conference Package- Friday or Saturday (Includes: Friday OR Saturday Professional Development, Lunch on Friday OR Saturday, and Reception on Friday Evening IF attending on Friday. Please Check Day Attending: <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> \$125 Member <input type="checkbox"/> \$125 School Groups of 3 to 9 Submit Together) <input type="checkbox"/> \$200 Non-Member <input type="checkbox"/> \$50 Full Time Student</p>	
<p>A La Carte Items <input type="checkbox"/> \$50 Friday Evening Dinner <input type="checkbox"/> \$25 Saturday Morning Breakfast</p>	
<p>\$ _____ TOTAL AMOUNT DUE</p>	
<p>Please Note: If you are sending 10 or more from the same district, please contact Mary Kline for large group pricing at 315-867-2079. For other Registration questions, please e-mail our registrars at nysraconfreg@roadrunner.com. For non-registration questions, contact us at nysraconf2019@gmail.com.</p>	