

New York School Public Relations Association - Awards Luncheon

REGISTRATION FORM

Pre-Registration Deadline:
Wednesday, October 4, 2017

DATE	LOCATION
Friday, October 13, 2017 Noon - 1:00 p.m.	High Peaks Resort - Iroquois & Wright 2384 Saranac Avenue, Lake Placid, NY 12946

REGISTRANT INFORMATION

School District/Organization _____ Telephone _____

District Address _____

Main Contact _____ Email Address _____ Telephone _____

Registrant Name (1) _____

Registrant Nickname for Badge (1) _____

Registrant Name (2) _____

Registrant Nickname for Badge(2) _____

REGISTRATION FEE

\$50 per registrant x number of attendees _____ Total Due: _____

PAYMENT

PAYMENT MUST ACCOMPANY REGISTRATION. FAX REGISTRATION TO 518-783-3541.

Purchase Order Number (please attach): _____

VISA MasterCard American Express Discover

Card Number _____ Expiration Date _____

Cardholder's Name (please print) _____

Authorized Signature _____

Credit card authorization: I agree to pay the total amount according to the card use agreement.

Please check here if you require special accommodations. Contact us or attach a written description of needs.

Please note any dietary restrictions: _____



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