



GROUP REGISTRATION FORM

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GROUPS OF 10 OR MORE INDIVIDUALS WILL RECEIVE DISCOUNTED CONFERENCE REGISTRATION FEES FOR PACKAGES A, B & C.

To qualify, all registrants in the group must be at the same address, and all names must be submitted at the same time, in **ONE** envelope with **ONE** payment to cover all registrations. *Registration forms mailed separately and/or arriving later in a separate envelope will be processed as individual registrations and will not be eligible for the group discount, nor will they count toward the 10-person minimum. Please note Package A includes both meal events.*

1. **Group Discount Fees** (if postmarked by the Early Bird Deadline of 2/15/15)

Package A (includes both meal events)

NYSAEYC Member/New Member @ \$215.00 = \$ _____
 Non Member @ \$270.00 = \$ _____

Package B

NYSAEYC Member/New Member @ \$145.00 = \$ _____
 Non Member @ \$200.00 = \$ _____

Package C (please indicate day on page 2)

NYSAEYC Member/New Member @ \$90.00 = \$ _____
 Non Member @ \$120.00 = \$ _____

2. **Regular Registration Fee** (If postmarked after February 16th)

Please add regular registration fee per registration. @ \$15.00 = \$ _____

3. **Add A La Carte Meals** (for purchase with Package B or C)

Thursday "Welcome to Verona" Dinner

NYSAEYC Member @ \$50.00 = \$ _____
 Non Member @ \$55.00 = \$ _____

Friday "Champions for Children" Awards Dinner

NYSAEYC Member/New Member @ \$60.00 = \$ _____
 Non Member @ \$65.00 = \$ _____

4. **Pre-order Lunches** (Convenient boxed lunches available for easy pick up.)

Choices (Please indicate the number of each for each day.)	Friday	Saturday		
Turkey Wrap			@ \$18.00 =	\$ _____
Ham and Swiss Sandwich			@ \$18.00 =	\$ _____
Veggie Sandwich			@ \$18.00 =	\$ _____

Total Number of Registrants: _____

Total Enclosed Amount: \$ _____

Organization Information

Organization Name _____ NAEYC Accredited

Mailing Address _____ City _____ State _____ Zip Code _____

Contact Person's Name _____ Daytime Phone Number _____

Payment Information

Payment Method

- Check/money order payable to NYSAEYC
- Purchase order enclosed
- MasterCard Visa

**PAYMENT MUST ACCOMPANY GROUP REGISTRATION FORM.
 MAKE CHECKS PAYABLE TO NYSAEYC.
 MAIL COMPLETED GROUP REGISTRATION FORM, ALONG WITH PAYMENT**

TO:

NYSAEYC

2015 CONFERENCE

**230 WASHINGTON AVENUE EXTENSION
 ALBANY, NY 12203**

OR FAX TO: 518-867-3520

Card Number _____ Expiration Date _____ CVV# _____

Printed Name of Cardholder _____ Cardholder Phone Number _____

Cardholder Signature _____ Cardholder Billing Zip Code _____

QUESTIONS? CALL: 518-867-3517, EMAIL: CONTACTUS@NYSAEYC.ORG, WEBSITE: WWW.NYSAEYC.ORG

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2015 Annual NYSAEYC Conference
April 9-11, 2015



Organization Name: _____

1.	Last Name:	First Name:	Email Address: _____ <input type="checkbox"/> Member #: _____ <input type="checkbox"/> New Member
	Registration Package: <input type="checkbox"/> Package A <input type="checkbox"/> Package B <input type="checkbox"/> Package C – Friday <input type="checkbox"/> Package C - Saturday	Ala Carte Meals <input type="checkbox"/> Thursday - Welcome to Verona Dinner <input type="checkbox"/> Friday - Champions for Children Dinner	Pre-Order Lunches Friday: <input type="checkbox"/> Turkey <input type="checkbox"/> Ham <input type="checkbox"/> Veggie Saturday: <input type="checkbox"/> Turkey <input type="checkbox"/> Ham <input type="checkbox"/> Veggie
2	Last Name:	First Name:	Email Address: _____ <input type="checkbox"/> Member #: _____ <input type="checkbox"/> New Member
	Registration Package: <input type="checkbox"/> Package A <input type="checkbox"/> Package B <input type="checkbox"/> Package C – Friday <input type="checkbox"/> Package C - Saturday	Ala Carte Meals <input type="checkbox"/> Thursday - Welcome to Verona Dinner <input type="checkbox"/> Friday - Champions for Children Dinner	Pre-Order Lunches Friday: <input type="checkbox"/> Turkey <input type="checkbox"/> Ham <input type="checkbox"/> Veggie Saturday: <input type="checkbox"/> Turkey <input type="checkbox"/> Ham <input type="checkbox"/> Veggie
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10.	Last Name:	First Name:	Email Address: _____ <input type="checkbox"/> Member #: _____ <input type="checkbox"/> New Member
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Special Needs: Please indicate any individuals with special needs. Please specify special needs; it is only necessary to include food allergies if the individual is attending one of our meal events.

Please be sure that you have:

- ✓ Completed all the information for each registrant
- ✓ Included payment in full
- ✓ Provided completed membership applications for all **new** members
- ✓ Provided complete information regarding any special needs. Please contact our office if you need to provide additional information.