

2022 FALL LEADERSHIP SUMMIT STRATEGIC PARTNER REGISTRATION FORM

PLEASE COMPLETE A SEPARATE STRATEGIC PARTNER REGISTRATION FORM FOR EACH COMPANY REPRESENTATIVE.

1. STRATEGIC PARTNER REGISTRATION INFORMATION:

Prefix: _____ First Name: _____ MI: _____

Last Name: _____

Position/Title: _____

Name for Badge: _____

Company/Organization: _____

Street Address: _____

City, State, Zip: _____

Mobile Telephone: _____

Attendee's E-mail Address
(Print clearly): _____

CC Email: _____

2. FITNESS:

- Yes, I will participate in the 5K Run/Walk on
Monday, September 19 at 6:45 am.

3. SUMMIT FEES (PLEASE CHECK ALL THAT APPLY)

Partners are entitled to four complimentary registrations with their 8' deep x 10' wide exhibit contract. All exhibit options must be preselected with your Menu of Marketing Benefits in your Strategic Partner contract.

If a Strategic Partner brings more than four representatives or exceeds the number of additional registrations purchased in the Strategic Partner Program, LEAF, Inc. & The Council will charge \$659 for each additional person. Please select the appropriate box:

- Exhibitor Registration (8' deep x 10' wide)
(Up to 4 registrations as per contract*) _____ Contractual
- Individual Registration
(1 registration as per contract/No booth) _____ Contractual

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- Additional Registration(s)
\$659 x _____ (No. of additional registrations) = \$ _____

- REQUIRED Meal Package Fee (Summit meal package
included 2 breakfasts, 1 reception, 1 lunch, 2 breaks
and 1 dessert reception) \$90 per registrant**

4. SUMMIT TOTAL/PAYMENT OPTIONS

Three Easy Ways to Pay:

- Check or money order made payable to LEAF, Inc.
- Purchase Order #: _____
Please include Purchase Order with this form made
payable to LEAF, Inc.
- Credit Card Payment to LEAF, Inc.: Master Card Visa
(Please note: we DO NOT ACCEPT American Express.)
- Card #: _____
- Expiration Date: _____
- Name on Card (please print): _____

Card Holder's

Signature: _____

Registration processing **may be delayed** without credit card
information, check or attached Purchase Order Form.

SUMMIT TOTAL (COMPLETED BY STAFF)

Summit Fees and Meals, if applicable.

\$ _____

5. BOOTH SELECTION/CONTRACT

*IF YOU ARE EXHIBITING AT THE 2022 FALL LEADERSHIP
SUMMIT, PLEASE COMPLETE THE FOLLOWING INFORMATION:*

Final Exhibit Booth Number: _____

Please call Deidre Hungerford at The Council, 518.694.4885
or deidre@nyscoss.org for your booth selection.

Signature of Company Representative:

This signature confirms your booth location and means you agree
to follow the instructions presented in the Contract for Exhibit
Space contained in this registration brochure.

REGISTRATION CONFIRMATION

All attendee event confirmations will be sent via e-mail directly from
The Council's confirmation system to each e-mail address provided
on form. This confirmation is separate from the hotel confirmation.

*Please complete this form and scan/email
to deidre@nyscoss.org or mail or fax to:*



2022 Fall Leadership Summit Registration
7 Elk Street, Third Floor - Albany, NY 12207-1002
Fax: 518.426.2229