



CONFERENCE REGISTRATION FORM

NYSASIC SPRING 2024 CONFERENCE

May 1-3, 2024

Best Western Plus Hotel & Conference Center, Oswego NY

MUNICIPAL

Attendees (print clearly):

Name _____

email _____

Name _____

email _____

Name of Municipality:

Is your Municipality a current member of NYSASIC?

Yes, Member fee:

#of attendees above _____ * \$75= _____

No, Non-member fee:

#of attendees above _____ * \$100= _____

Additional Fee Due if mailed after 4/15/24:

#of attendees above _____ * \$20= _____

VENDOR (Non-Municipal)

Attendees (print clearly):

Name _____

email _____

Name _____

email _____

Name of Company:

Is your Company a current member of NYSASIC?

Yes, Member fee:

#of attendees above _____ * \$75= _____

No, Non-member fee:

#of attendees above _____ * \$200= _____

Additional Fee Due if mailed after 4/15/24:

#of attendees above _____ * \$20= _____

REGISTRATIONS FORMS ARE DUE TO THE TREASURER BY **April 15, 2024**

- The Conference registration fee above includes all meetings, activities, seminars, and lunch on Thursday.
- For overnight accommodations and other meals see the Hotel Reservation form.
- Commuters not staying at the hotel should see the Commuter Meal form for additional meals.
- All checks returned for non-sufficient funds will be assessed a \$25 bank fee and payment must then be made with certified funds.
- Refunds will be issued only by request prior to the event and upon approval by the NYSASIC Treasurer.
- Completed forms may be faxed, emailed and/or mailed to the NYSASIC Treasurer.
- Payment may follow forms or be included via regular mail.

Complete form and pay by credit card online at www.nysasic.org
or mail check payable to "NYSASIC" and completed form via USPS to:

Katie Harvey, NYSASIC Treasurer

Orleans County Self-Insurance, 14016 Route 31 West, Albion, NY 14411 (p) 585-589-3184, katie.harvey@orleanscountyny.gov