



CONFERENCE REGISTRATION FORM

NYSASIC FALL 2018 CONFERENCE

October 3-5, 2018

Radisson Hotel Corning, Corning NY

MUNICIPAL

Name of Attendees (print clearly):

1. _____

2. _____

3. _____

4. _____

Name of Municipality:

Is your Municipality a current member of NYSASIC?

Yes, Member fee:

#of attendees above _____ * \$50= _____

No, Non-member fee:

#of attendees above _____ * \$75= _____

Additional Fee Due if mailed after 9/11/18:

#of attendees above _____ * \$20= _____

Contact email: _____

VENDOR (Non-Municipal)

Name of Attendees (print clearly):

1. _____

2. _____

3. _____

4. _____

Name of Company:

Is your Company a current member of NYSASIC?

Yes, Member fee:

#of attendees above _____ * \$50= _____

No, Non-member fee:

#of attendees above _____ * \$150= _____

Additional Fee Due if mailed after 9/11/18:

#of attendees above _____ * \$20= _____

Contact email: _____

REGISTRATIONS FORMS ARE DUE TO THE TREASURER BY **September 11, 2018**

- 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 upon request and 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. **Checks only, credit cards not accepted.**

MAIL check payable to "NYSASIC" and completed form to:

Amy Clute, NYSASIC Treasurer

Warren County Self-Insurance, 1340 State Route 9, Lake George, NY 12845

(p)518-761-6529, clutea@warrencountyny.gov