

CONFERENCE **REGISTRATION**



Name First	Last
Title	
Email	
Address	
City	State Zip
School Name	
Event Options:	
□ Full Conference Registration – SAANYS M	1ember \$395.00
□ Full Conference Registration – Nonmembe	er \$450.00
One Day Only – Sunday \$225.00	
□ One Day Only – Monday \$225.00	
□ Presenter/Co-Presenter – full conference \$	200.00
□ Retiree – full conference \$295.00	
□ Spouse (meals & receptions) \$200.00	
TOTAL:	
□ Check/Purchase Order	irport Park Boulevard, Latham, NY 12110
□ Credit Card	
Card Number	Please mail or fax this form to:
Exp. (Month/Year) CVC	SAANYS 8 Airport Park Boulevard Latham, NY 12110 Fax: 518-782-9552
Cardholder Name (as it appears on card)	An email confirmation of your registration will be sent to the address listed above.
Billing Address	will be sent to the address listed above.
City State Zip	All cancellation Policy All cancellation requests must be submitted via email to Christine F cfoglia@saanys.org. Any requests made prior to September 30 w fully refunded. We are happy to substitute name(s) for the paid reg

I hereby authorize SAANYS to charge by credit card for the total amount due.

All cancellation requests must be submitted via email to Christine Foglia cfoglia@saanys.org. Any requests made prior to September 30 will be fully refunded. We are happy to substitute name(s) for the paid registration(s). Cancellation requests received after Friday, October 1, 2021 will be refunded less a cancellation fee of \$100. All cancellation requests received after October 8, 2021 will not be refunded. Refunds will be processed after the conference. SAANYS regrets that refunds will not be given for no-shows. SAANYS is not responsible for any lodging or accommodation refunds or hotel cancellation policies. The Crowne Plaza Albany – The Desmond Hotel has its own cancellation requirements and members are subject to the same.