



CONFERENCE **REGISTRATION**

Name _____
First Last

Title _____

Email _____

Phone _____

Address _____

City _____ State _____ Zip _____

School Name _____

Event Options:

- ☐ Full Conference Registration – SAANYS Member \$395.00
- ☐ Full Conference Registration – Nonmember \$450.00
- ☐ One Day Only – Sunday \$225.00
- ☐ One Day Only – Monday \$225.00
- ☐ Presenter – full conference \$200.00
- ☐ Retiree – full conference \$295.00

TOTAL: _____

Method of Payment:

- ☐ Credit Card
- ☐ Check/Purchase Order
Payable to: SAANYS, 8 Airport Park Boulevard, Latham, NY 12110

Card Number _____

Exp. (Month/Year) _____ CVC _____

Cardholder Name (as it appears on card) _____

Billing Address _____

City _____ State _____ Zip _____

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

Signature _____

Please mail or fax this form to:

SAANYS
8 Airport Park Boulevard
Latham, NY 12110

Fax: 518-782-9552

**An email confirmation of your registration
will be sent to the address listed above.**