



# 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 \$250.00
- ☐ One Day Only – Monday \$250.00
- ☐ Presenter/Co-Presenter – full conference \$200.00
- ☐ Retiree – full conference \$325.00

**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.**

Covid-19 New York State restrictions and regulations for events will apply. Upon on-site conference check-in, attendees will be asked to provide proof of a completed Covid-19 vaccination series or a negative Covid-19 test taken within 72-hours of the event. SAANYS will abide by all New York State Covid protocols in effect at the time of the conference and that the preceding paragraph reflects the current state of regulations in place.