



Annual Meeting Registration

January 12-13, 2012

The Roosevelt Hotel—NYC

Company Name: _____

Contact: _____

Address: _____

City/State/Zip: _____

Email: _____ Phone: _____

Attendees:

1) _____

2) _____

3) _____

4) _____

5) _____

Registration Deadline:
December 28, 2011
NO REFUNDS AFTER
1/2/12



Return Registration Form to:

Heidi Mahoney, Secretary
 NYSIA
 9 Caldwell Drive
 Buffalo, NY 14224

Phone: 716-668-0822
 Fax: 716-668-5035
 E-mail: secretary@nyselfinsurance.com
 www.nyselfinsurance.com

 Name

 Address

 Phone

Method of Payment Check Visa MasterCard American Express

 Credit Card # Exp. date

 Signature

Registration Fees

Sign up for:	Fee	Price
<input type="checkbox"/> Member fee	395.00	_____
<input type="checkbox"/> 2nd Member	295.00	_____
<input type="checkbox"/> 3rd Member	295.00	_____
<input type="checkbox"/> NON-MEMBER	495.00	_____
<input type="checkbox"/> 2ND NON-MEMBER	395.00	_____

CVV code _____

TOTAL _____