



**NYSIA Annual Meeting
Exhibitor Registration
January 17, 2019**



Company Name: _____

Contact: _____

Address: _____

City/State/Zip: _____

Email: _____ Phone: _____

Exhibitors:

1) _____

2) _____

3) (add'l fee) _____

4) (add'l fee) _____

****Exhibiting at Roosevelt Hotel, NYC—one day only—Thursday 1/17/19.
Exhibitor information will be e-mailed 2 weeks before event. If you need
electric or any other a/v, you must go thru the hotel. Contact Heidi for a/v forms..
Roosevelt Hotel—Phone: 212-661-9600**

**Registration Deadline: December 28, 2018
NO REFUNDS AFTER 1/4/19**



EIN #13-5545483

**Return Registration
Form to:**

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

*Checks payable to:
Self-Insurers Association*

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

Method of Payment MasterCard
 Check Visa
 American Express

Credit Card # _____

Exp. date _____

CVV # _____

Signature _____

Exhibitor Fees

Sign up for:	Fee	Price
<input type="checkbox"/> Member fee—2 exhibitors	1200.00	_____
<input type="checkbox"/> 3rd Member Exhibitor	400.00	_____
<input type="checkbox"/> 4th Member Exhibitor	400.00	_____
<input type="checkbox"/> NON-member—2 exhibitors	1600.00	_____
<input type="checkbox"/> 3rd NON-member exhibitor	500.00	_____
	TOTAL	_____