



NYSIA Annual Meeting

January 16-17, 2019

GUEST REGISTRATION

**for non-seminar attendees*



Company Name: _____

Contact: _____

Address: _____

City/State/Zip: _____

Email: _____ Phone: _____

Guest Name (s) :

1) _____

2) _____

3) _____

4) _____

Registration Deadline: Dec. 31, 2018

***No refunds for Guest registration**



EIN #13-5545483

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@nysselfinsurance.com
www.nysselfinsurance.com

Name

Address

Phone

Method of Payment
 Check
 Visa
 MasterCard
 American Express

Credit Card #

Exp. date

CVV # _____

Signature

Guest Registration Fees

MEMBER FEE:		Price
<input type="checkbox"/>	Wed. 1/16 Reception	200.00 _____
<input type="checkbox"/>	Thursday 1/17 Reception	200.00 _____
<input type="checkbox"/>	Both Wed & Thursday	350.00 _____
		TOTAL _____