

Annual Conference

April 29-May 1, 2010

Verona, New York

Last Name	First Name	Package Selection Pkg. A (Thurs. reception/ Fri. wrkshps/award dinner/Sat. wksp) Pkg. B (Fri/Sat wksp)	Ala Carte Meals Thursday Dinner OR Friday Dinner	Registration New Member Member Non Member	NYSAEYC Member # & Exp. Date
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To add more registrants, please copy this page. No refunds will be issued for group registrations; substitutions will be permitted.

*NEW MEMBERS - HAVE EACH NEW MEMBER COMPLETE A MEMBERSHIP FORM (CALL 518-867-3517 TO REQUEST) AND ATTACH TO THE GROUP REGISTRATION FORM.
ATTACH A SEPARATE CHECK PAYABLE TO NYSAEYC FOR NEW MEMBERSHIPS.

Special Needs: Please indicate any individuals with special needs. Please specify special need.

**Mail completed Group Registration form, along with payment
(make checks payable to NYSAEYC) to:
NYSAEYC Conference 2010, 230 Washington Avenue Ext., Albany, NY 12203
Phone: (518) 867-3517 * Fax: (518) 867-3520
Email: nysaeyc@capital.net * www.nysaeyc.org**