



FEDERATION OF NEW YORK INSURANCE PROFESSIONALS, INC.

79th ANNUAL CONVENTION

Hosted By: Region IV- Crossroads Insurance Professionals and Insurance Women of Buffalo

Batavia Downs Gaming & Hotel
8319 Park Road, Batavia, NY 14020

Come Join Us
April 11th, 2024 to April 14th 2024

Name _____ Plan _____

FULL REGISTRATION – PLAN A

REGISTRATION FEE: MEMBER/NON-MEMBER \$275 PRIOR TO 3/15/2024
PLAN A _____ **LATE REGISTRATION \$325 AFTER 03/15/2024 deadline 04/1/2024**

REGISTRATION FEE FOR “PLAN A” INCLUDES: Thursday night welcome dinner, Friday and Saturday meetings, Sunday breakfast, workshops, meals, inclusion in scholarship drawings and activities

WILL YOU ATTEND THURSDAY NIGHT DINNER? YES ___ NO _____
WILL YOU ATTEND SUNDAY BREAKFAST? YES ___ NO _____

- Include my contact information in list of attendees? Yes ___ No ___
- Do you want to be included in the scholarship drawings? Yes ___ No _____
- I give permission to use any or all photos, that I may be in, taken at Convention: Yes ___ No _____

DAILY REGISTRATION OPTIONS

<u>Daily Registrations</u>		<u>Member</u>	<u>Non-member</u>
PLAN B	Friday _____	\$150	_____ \$160
(INCLUDES EDUCATIONAL WORKSHOPS AND ALL MEALS)			
PLAN C	Saturday _____	\$125	_____ \$135
(INCLUDES BUSINESS MEETING AND ALL MEALS)			
PLAN D	Saturday Cocktails & Banquet only _____		\$75

Dietary Restriction _____

Allergies and/or Medical Conditions _____

Emergency Contact _____ Phone _____



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REGISTRATION DEADLINE MARCH 15, 2024

Name _____

Designations _____

Address _____

Email _____

Home Tel.: _____ Association: _____

Employer: _____

Bus. Tel.: _____ Fax _____

SPECIAL SEATING

- Please check: [] Federation Past President – (\$30 credit for Saturday luncheon)
[] Voting Delegate [] Exhibitor [] Sponsor [] Speaker [] 1st Convention
[] Local President [] FIPC Designation [] Quarter Century
Member of: [] FNYIP [] IIABNY [] PIA [] Federation Officer, Director or Board Member Federation Position: _____

Date & Time of Arrival: _____

Date & Time of Departure: _____

CANCELLATION POLICY: Anyone cancelling prior to March 15th will receive a full refund, less a \$50.00 processing fee. ***NO REFUNDS AFTER March 15th.***
THERE CAN BE ABSOLUTELY NO WALK-INS FOR MEALS OR LODGING.

Payor: Individual _____ Employer _____ Association _____

To pay by credit card, please complete the following:

Form with fields for Total \$, Charge to (AmEx, Discover, Visa, MasterCard), Exp. Date, Verif. No., Cardholder's Name, Signature, Billing Zip Code.



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RETURN THE CONVENTION REGISTRATION FORM AND PAYMENT TO CONVENTION
SECRETARY: Denese Thompson – 1022 Rochelle Court, Uniondale, NY 11553-3022 or
Email to: denese2001@gmail.com

In accordance with Title III of the Americans with Disabilities Act, we invite all registrants to advise us of any disability and any requests for accommodation to that disability. Your request should be submitted as far as possible in advance of the program you wish to attend.

*****Please visit our web site – FNYIP.com - for additional information and scholarship forms*****