



FEDERATION OF NEW YORK INSURANCE PROFESSIONALS, INC.

# 78th ANNUAL CONVENTION

Hosted By: Region III- Insurance Professionals of Mohawk Valley; Insurance Professionals of Chenango Valley; Syracuse Insurance Professionals and North Country Insurance Professionals

Vernon Downs Casino-Hotel  
4229 Stuhlman Rd., Vernon, NY 13476

Come Join Us  
April 27, 2023 to April 30, 2023

Name \_\_\_\_\_ Plan \_\_\_\_\_

### FULL REGISTRATION – PLAN A

REGISTRATION FEE: MEMBER/NONMEMBER \$275 PRIOR TO 4/1/2023  
PLAN A \_\_\_\_\_ LATE REGISTRATION \$325 AFTER 4/01/23 deadline 04/15/2023

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 \_\_\_\_\_



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Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

REGISTRATION DEADLINE APRIL 15, 2023

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 April 1st will receive a full refund, less a \$50.00 processing fee. \*\*\*NO REFUNDS AFTER APRIL 1st.\*\*\*
THERE CAN BE ABSOLUTELY NO WALK-INS FOR MEALS OR LODGING.

Payor: Individual [xx] Employer \_\_\_\_\_ Association \_\_\_\_\_

To pay by credit card, please complete the following:

Form for credit card payment details including Total \$, Charge to (AmEx, Discover, Visa, MasterCard), Exp. Date, Verif. No., Cardholder's Name, Signature, and Billing Zip Code.

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



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*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](http://FNYIP.com) - for additional information and scholarship forms\*\*\***